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time

Subject: Request for Applications USAID-Cambodia-442-08-005-RFA
Title: Reproductive Health

The United States Agency for International Development (USAID), is seeking applications (proposals for funding) from non-U.S. or U.S. non-profit or for-profit nongovernmental organizations (NGOs), public international organizations (PIO or IO), or other qualified non-USG organizations to implement a program to improve the reproductive health in Cambodia. The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended.

The chosen recipient will be responsible for ensuring achievement of the program objectives that support health activities in Cambodia. Please refer to the Program Description (RFA section C) for a complete statement of goals and expected results.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the program and are in accordance with applicable cost standards (22 CFR 226, plus OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation Part 31 for for-profit organizations), may be paid under the award.

Subject to the availability of funds, USAID/Cambodia plans to provide approximately \$31.5 million in total USAID funding for this activity to be allocated over a five year period, with the possibility of extensions. The estimated amount for year 1 is \$6 million. USAID/Cambodia reserves the right to fund any or none of the applications submitted. Although it is planned to make an award of one cooperative agreement under this RFA, USAID in its discretion may make awards to more than one organization.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section A - Application Format;
2. Section B - Selection Criteria;
3. Section C - Program Description;
4. Section D - Certifications, Assurances, and Other Statements of Applicant/Recipient; and
5. Section E - Attachments to Program Description (attachments 1, 2, and 3).

To be eligible for award, the applicant must provide all required information in its application, including the requirements found in any attachments to this www.Grants.gov opportunity. Applicants must submit the full application package by one of the methods indicated in Section A of this RFA.

CAMBODIA 442-08-005-RFA

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

Any questions concerning this RFA should be submitted in writing to Mealea S. Prak and Eleanor TanPiengco, via email to sprak@usaid.gov and etanpiengco@usaid.gov, respectively, or via fax at (855-23) 430-263 (email is preferred). If you decide to submit an application, it must be **received** by the closing date and time indicated at the top of this cover letter at the place designated below for receipt of applications.

The federal grant process is now web-enabled. As of December 19, 2005, grant and cooperative agreement Request for Application (RFA) and Annual Program Statement (APS) announcements, modifications to the announcements, and the corresponding application packages must be posted via Grants.gov on the World Wide Web (www) to allow for electronic submission of applications. Applicants may upload applications to www.grants.gov, however, hard copy submissions are still required by USAID/Cambodia. This RFA and any future amendments can be downloaded from this website www.grants.gov. It is the responsibility of the recipient of the application document to ensure that it has been received from www.grants.gov in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

Faxed proposals are not acceptable. Applicants may also submit their applications by e-mail attachment formatted in Microsoft Word or PDF file (up to 2MB limit per email). **Important:** please see Section A.1.g of the RFA for detailed instructions regarding submission of applications via email. Applications and modifications thereof shall be submitted with the name and address of the applicant and the RFA number (referenced above) inscribed thereon, via email, to sprak@usaid.gov and etanpiengco@usaid.gov.

Applicants shall confirm with Agreement Specialist Mealea S. Prak that their electronic submissions were successfully received by the required due date. In addition to the submission of applications via email or www.grants.gov, an original and five (5) hard copies of the technical applications, and an original and five (5) hard copies of the cost proposals, shall be sent to:

By Courier:

Mealea S. Prak
Agreement Specialist
USAID Cambodia, American Embassy
#1, Street 96 Khan Daun Penh
Phnom Penh, Cambodia

By Mail:

Office of Procurement
USAID Cambodia
APO AP 96546

Hard copies of submissions must arrive by the due date, regardless of whether or not the electronic submissions were successfully received by the due date. It is recommended that applicants use courier service instead of international mail for the hard copies. Applications will be accepted for consideration

as long as they arrive in Phnom Penh by the time stipulated. See RFA Section A.1.b regarding late applications.

Applicants are requested to submit the technical and cost portions of their applications in separate volumes so that they may be reviewed separately. Award will be made to that responsible applicant(s) whose application(s) best meets the requirements of this RFA and the selection criteria contained herein.

Issuance of this RFA does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for costs incurred in the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. In addition, final award of any resultant cooperative agreement(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant, and all preparation and submission costs are at the applicant's expense.

In the event of any inconsistency between the sections comprising this RFA, it shall be resolved by the following order of precedence:

- (a) Section B - Selection Criteria;
- (b) Section A - Grant Application Format;
- (c) Section C - The Program Description; and
- (d) This Cover Letter.

Applicants should take account of the expected delivery time required by the proposal transmission method they choose, and are responsible to ensure that proposals are received at USAID in Phnom Penh, Cambodia (and not at another location) by the due date and time specified above.

Applicants should retain for their records one copy of all enclosures which accompany their application.

Thank you for your interest in USAID/Cambodia activities.

Sincerely,

Patrick J. Wilson
Regional Agreement Officer
USAID Regional Development Mission/Asia
Bangkok, Thailand

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SECTION A - GRANT APPLICATION FORMAT

1. PREPARATION GUIDELINES

- a. All applications received by the deadline will be reviewed for responsiveness and programmatic merit in accord with the specifications outlined in these guidelines and the application format. Section B addresses the technical evaluation procedures for the applications. Applications shall be submitted in two separate parts: (a) technical, and (b) cost or business application. An original and five (5) hard copies of the technical application and an original and five (5) hard copies of the cost application shall be submitted in addition to the email submission, as described in the cover letter of this RFA.
- b. Applications must be received no later than the date and time indicated on the cover page of this RFA, to the location stated in the cover letter accompanying this RFA. Applications which are received late or are incomplete run the risk of not being considered in the review process. Such late or incomplete applications will be considered in USAID's sole discretion depending on the status of USAID's application review process as of the time of receipt and/or the quality of other applications received.
- c. Technical applications should be specific, complete and presented concisely. A lengthy application does not in and of itself constitute a well thought out proposal. Applications shall demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Applications should take into account the technical evaluation criteria found in Section B.
- d. Explanations to Prospective Recipients: Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing to the Agreement Specialists at the email addresses set forth in the RFA cover letter. The questions and answers (Q&A) will be posted as an amendment to the RFA on www.grants.gov. The deadline for receipt of questions is April 23, 2008, 4:00 PM, Cambodia time. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to a prospective grantee concerning this RFA will also be furnished to all other prospective grantees as an amendment to this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective grantees.
- e. Applicants should retain for their records one copy of the application and all enclosures which accompany their application. Erasures or other changes on hard copies must be initialed by the person signing the application. To facilitate the competitive review of the applications, applications should conform to the format prescribed below.
- f. [Reserved].
- g. Submission of Applications by Email (**Important**):

1. Preferred software for email attachments: Microsoft Word (for narrative text) or Excel (for tables). PDF files are acceptable. Please be advised that the apparently successful offeror will be requested to submit a detailed budget in Excel with calculations. Please convert your documents to one of these software programs before sending them to USAID. If we convert them for you, the resulting formatting may not be what you would like us to be reviewing.
 2. After you have sent your proposals by email, please immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and **note in the subject line of the email that it is a "corrected" submission**. Please do not wait for USAID to advise you that certain documents intended to be sent were not sent, or that certain documents contained errors in formatting, missing sections, etc. Each applicant is responsible for its submissions, so please inspect your own emails.
 3. Please do not send the same email to us more than one time unless there has been a change, and if so, please note that it is a corrected email. If you send multiple copies of the same email, we do not know if there has been any change from one email to the next.
 4. Your organization should appoint **one** person to send in the email submissions. If we receive email submissions from more than one person in your organization, we do not know who the authorized person is, and we cannot tell whether there has been a change from one email to the next without considerable effort on our part.
 5. If you send your application by multiple emails, please indicate **in the subject line of the email** whether the email relates to the technical or cost proposal, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "no. 1 of 4", etc.). For example, if your organization's name is Acme Consulting, and your cost proposal is divided and being sent in as two emails, the first email should have a **subject line** which says: "Acme, Cost Proposal, Part 1 of 2". If you do not do this clearly, we may not be sure of the correct order of the separate parts of your application. Our preference would be that each technical and each cost proposal be submitted as a single email attachment, e.g. that you consolidate the various parts of a technical proposal into a single document before sending it. But if this is not possible, please provide instructions on how the multiple parts are supposed to fit together, especially the sequence. What is obvious to you as the preparer of the document may not be obvious to us. Your application may not get optimal treatment if we are confused regarding the order and composition of your application.
- h. The hard copies of applications and modifications thereof shall be submitted in sealed envelopes or packages addressed to the office specified in the cover letter of this RFA, with the RFA number, the name and address of the applicant, and whether the contents contain technical and/or cost proposals noted on the outside of the envelopes/packages.
 - i. Telegraphic applications will not be considered; however, applications may be modified by written or telegraphic notice, if that notice is received by the time specified for receipt of applications.

j. Preparation of Applications:

1. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk.

2. Each applicant shall furnish the information required by this RFA. On the hard copies of applications, the applicant shall sign the application and certifications and print or type its name on the Cover Page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

3. Applicants which include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes should:

(a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in page(s) ____."; and

(b) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

2. TECHNICAL APPLICATION FORMAT

a. Technical approach: The technical application must set forth in sufficient detail the conceptual approach, methodology, and techniques for the implementation of the 6 major program components: **1) Nationwide Technical Assistance in FP/RH, 2) Clinic-based Service Delivery, 3) Community-based sales of contraceptives, 4) Behavior Change Communication (BCC) in HIV/STI, 5) Community Health Promotion, 6) TA and Capacity-Building(CB) to Operational Districts)** and three **cross-cutting themes: 1) Gender, 2) Poverty and Inclusion, and 3) Partnering and Linkages.** The technical application should demonstrate responsiveness to the current Cambodian development context as described in this RFA. . The implementation plan must clearly outline links between the proposed results, conceptual approach, and performance milestones, as well as a realistic timeline for achieving the semi-annual, annual, and end-of-program results. The technical proposal should include a clear Monitoring & Evaluation plan to deliver data in line with the program log frame (Appendix A, Attachment 2).

a.1. It is important to note that USAID is committed to gender equality. In less than one page, the application should outline the most significant gender issues related to integrated community health service provision in Cambodia. Applicants are encouraged to refer to gender analyses, especially “USAID/Cambodia Gender Analysis and Assessment”, Volume I (http://pdf.dec.org/pdf_docs/Pnadf575.pdf) and Volume II (http://pdf.dec.org/pdf_docs/Pnadf576.pdf) as well as “A Fair Share for Women, Cambodia Gender Assessment.”(UNIFEM, WB, ADB, UNDP and DFID/UK, 2004) which can be found on the World Bank website (www.worldbank.org/kh) under “Publications and Reports.”

b. Institutional Capability: Applicants must provide evidence of their technical and managerial resources and expertise (or their ability to obtain such) in program management, grants management and training, as well as their experience in managing similar programs in the past. Information in this section should include (but is not limited to) the following:

- Brief description of organizational history/expertise;
- Past experience and examples of accomplishments in developing and implementing similar programs;
- Relevant experience with proposed approaches;
- Institutional strength as represented by breadth and depth of experienced personnel in project relevant disciplines/areas;
- Sub-awardee or subcontractor capabilities and expertise; and
- Financial controls.

c. Past Performance: Applicants must submit a list of the three most recent U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, email address and telephone number of the Project Officer, activity manager or other contact person. Include the following for each award:

- Name of awarding organization or agency;
- Address of awarding organization or agency;
- Place of performance of services or program;
- Award number;
- Amount of award;
- Term of award (begin and end dates of services/program);
- Name, current telephone number, current fax number, and email address (if one is available) of a responsible technical representative of that organization or agency; and
- Brief description of the program.

d. Key Personnel: Applicants must propose which positions should be designated as Key Personnel (not to exceed 5, inclusive of a Chief of Party and managerial and technical team comprised of qualified Cambodians) and provide resumes and references for the candidates proposed for such positions. Specify the qualifications and abilities of proposed key personnel relevant to successful implementation of the proposed technical approach. The Chief of Party should have a proven track record of managing such programs. The applicant shall also include, in an annex, resumes for all key personnel candidates. Resumes may not exceed three pages in length and shall be in chronological

order starting with most recent experience. Each resume shall be accompanied by a SIGNED letter of commitment from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. As references may be checked for all proposed long-term personnel, a minimum of three references for each proposed long-term person is required. Applicants should provide current phone, fax and email address for each reference contact.

e. Management Plan: Applications shall: (1) identify all proposed partners and discuss their respective roles and responsibilities; (2) specify the composition and organizational structure of the entire project team (including country office and field sub-offices); (3) describe each staff member's role, technical expertise, and estimated amount of time each will devote to the project; and (4) identify areas in which technical assistance is needed to build or augment the Applicant's capacity in specific technical or administrative areas and provide an illustrative estimate of level of effort for each identified TA need. Applicants may propose a mix of international and domestic advisors and specialists to cover the full range of objectives and activities.

e.1. Subgrantees/Subcontracts: Organizations might not possess all the skills required to achieve all the results identified in this RFA; therefore, organizations may enter into partnerships with other non-profit indigenous Cambodian organizations. Under this RFA, only one organization shall be designated to serve as the prime organization and will be responsible for the achievement of results and the implementation of the program. However, if Applicants intend to utilize subgrantees and /or subcontractors the applications should indicate the extent intended, the method of identifying subgrantees, and the tasks/functions they will perform. . Applicants shall state whether or not they have existing relationships with these other organizations and the nature of the relationship (e.g., subgrantee, subcontractor, partnership. etc). A SIGNED letter of commitment from the proposed partner must be submitted. The applicant must specify the technical resources and expertise of proposed subcontract/subrecipient organizations.. Applicants must also submit signed letters of commitment and/or collaboration from the Ministry of Health at national and provincial levels.

f. Page Limitation: The length of the Technical proposal shall not exceed 30 (thirty) typed pages, with 1.0 lines of spacing, 11 point Arial (or equivalent) font, and standard one inch margins. The performance monitoring plan/results framework, past performance information, and personnel resumes are excluded from this page limitation. All other parts of the technical proposal are included in the 30 page limit. There is no page limitation on the Cost Proposal. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

g. Applicants should study the selection/evaluation criteria outlined in Section B of the RFA and organize the proposal accordingly.

3. COST APPLICATION FORMAT

The Cost or Business Application is to be submitted separately from the technical application. Certain documents are required to be submitted by an applicant in order for the Grant Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

The following sections describe the documentation that applicants for Assistance award must submit to USAID prior to award. While there is no page limit for the cost proposal, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

A. Include a budget with an accompanying budget narrative which provides in detail the total proposed costs for implementation of the program your organization is proposing. Detailed **budget notes which explain how the estimated cost per line item was determined to be fair and reasonable (basis of estimate)**, and supporting justification of all proposed budget line items shall be included. A summary of the budget must be submitted using Standard Form 424 and 424A which can be downloaded from the USAID web site, www.grants.gov . The budget shall include:

- a) The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;
- b) The breakdown of all costs according to each partner organization (or sub-awardee) involved in the program (note: if proposing subawardees, please provide in your budget notes how you determined that the budget of the subawardee was fair and reasonable);
- c) The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;
- d) The breakdown of the financial and in-kind contributions of all organizations involved in implementing the expected Cooperative Agreement;
- e) Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement; and
- f) The procurement plan for commodities.
- g) Other instructions for preparation of proposed budgets:

(1) Indicate the name, annual salary, and expected level of effort of each person charged to the project. Provide resumes showing work experience and annual salary history for at least the three most recent years for major personnel.

(2) If not included in an indirect cost rate agreement negotiated with the U.S. Government, specify the applicable fringe benefit rates for each category of employees, and explain the benefits included in the rate.

(3) The same individual information for consultants shall be provided as for regular personnel.

(4) Allowances shall be broken down by specific type and by person, and must be in accordance with the applicant's policies.

(5) Travel, per diem and other transportation expenses shall be detailed in your proposal to include number of international trips, expected itineraries, number of per diem days and per diem rates.

(6) Specify all equipment to be purchased and the expected geographic source.

(7) Financial Plans for all proposed subgrants and subcontracts shall have the same format and level of detail as those of the applicant.

(8) Other direct costs such as supplies, communication costs, photocopying, visas, passports and other general costs should be separate cost line items.

B. A copy of your organization's current Negotiated Indirect Cost Rate Agreement, if you have one with a US federal agency;

C. Required certifications and representations (as attached below):

D. Details regarding the level of cost share your organization is proposing for this activity. While there is no stated minimum required cost share amount, applicants are encouraged to give serious consideration to the amount they propose as a signal of the applicant's commitment to the activity (see also sec. B below, selection criteria, under costs).

E. Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency (USAID or another agency of the US federal government) shall also submit the following information:

1. Copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
2. Projected budget, cash flow and organizational chart;
3. A copy of the organization's accounting manual.

F. Applicants shall submit any additional evidence of responsibility deemed necessary for the Grant Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Has adequate financial, management and personnel resources and systems or the ability to obtain such resources as required during the performance of the award.
2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, non-governmental and governmental.
3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
4. Has a satisfactory record of integrity and business ethics; and
5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

G. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal office has a copy.

H. Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by the USAID/Washington's Office of Acquisition and Assistance (M/OAA, formerly known as M/OP).

4. COOPERATIVE AGREEMENT AWARD

1. The Government may award one or more cooperative agreements resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value in terms of the selection criteria (see Section B of this RFA). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.
2. The Government may award one or more cooperative agreements on the basis of initial applications received, without discussions or negotiations. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint. As part of its evaluation process, however, USAID may elect to discuss technical, cost or other pre-award issues with one or more applicants. Alternatively, USAID may proceed with award selection based on its evaluation of initial applications received and/or commence negotiations solely with one applicant.
3. A written award mailed or otherwise furnished to the successful applicant(s) within the time for acceptance specified either in the application(s) or in this RFA (whichever is later) shall result in a binding cooperative agreement without further action by either party. Before the application's specified expiration time, if any, the Government may accept an application, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received before award. Negotiations or discussions conducted after receipt of an application do not constitute a rejection or counteroffer by the Government.
4. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting cooperative agreement unless explicitly stated otherwise in the agreement.
5. To be eligible for award of a cooperative agreement, in addition to other conditions of this RFA, organizations must have a politically neutral humanitarian mandate, a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, and political affiliation.

5. AUTHORITY TO OBLIGATE THE GOVERNMENT

The Grant Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed agreement may be incurred before receipt of either a fully executed Agreement or a specific written authorization from the Grant Officer.

6. UNSUCCESSFUL APPLICATIONS

Unsuccessful applications will not be returned to the Applicant.

7. U.S. EXECUTIVE ORDERS AND LAW REGARDING TERRORISM

The Contractor/Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/Recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract/agreement.

8. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES

Funds in the agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" at <http://www.info.usaid.gov/pubs/ads/300/refindx3.htm> or as approved by the Agreement Officer.

9. SALARY SUPPLEMENTS

Any payments by the Recipient to employees at any level of the Cambodian government shall be subject to the USAID policy on salary supplements (dated April 1988 or as amended). If this issue arises during the period of the agreement, the Recipient shall consult with USAID on any questions regarding the applicability of the policy.

[END OF SECTION A]

SECTION B - SELECTION CRITERIA

The criteria presented below have been tailored to the requirements of this RFA. The Applicant should note that these criteria serve to identify the significant issues that Applicants should address in their applications, and to set standards against which all applications will be evaluated. To facilitate the review of applications, Applicants are requested to organize the narrative sections of technical proposals according to the evaluation criteria set forth below.

Applications will be evaluated in accordance with the evaluation criteria set forth below and as described in Section A. 2. Technical Application Format:

Technical Evaluation Criteria

I. Technical Approach (30%)

The technical approach will be evaluated based on the extent to which the application (1) provides sufficient detail of the conceptual approach, methodology, and techniques for the implementation of the six major program components as described in section C; (2) sets forth a clear and supportable course of action to achieve program objectives and anticipated outputs and results as set out in the project log frame (Appendix A); (3) demonstrates originality and creativity in proposing activities that will contribute to the desired outcomes and build local capacity in the process; (4) is responsive to the Cambodian development context, the epidemiology, and health system and human-capacity strengthening needs in proposed intervention target areas; (5) can demonstrate established and effective working relationships with Cambodian national, provincial and district authorities and non-government and community-based organizations working in Cambodia. The proposal must also adequately addresses the cross-cutting themes identified in Part I of Section C: Program Description.

II. Sustainability (10%)

Sustainability will be assessed in terms of (1) how likely the methodology described is to achieve the desired capacity-building and behavior change outcomes; (2) feasibility of approaches proposed to increase cost recovery for clinic-based services; (3) accurate identification of recurrent cost implications for community-based sales of contraceptives and feasibility of long-term proposals for funding same; and (4) thoroughness and feasibility of proposed activities to institutionalize the functions of village volunteers. Please also reference Part I Section G: Sustainability Plan.

III. Management Plan (10%)

The Management plan will be evaluated based on staffing of a Cambodian leadership team, technical staffing and other resources proposed to implement the applicant's approach to the technical requirements of the program, including appropriate use of technical assistance to build Cambodian capacity, and the extent to which the proposed program and plans for implementation management capitalize on and strengthen prior USAID investments in developing Cambodian non-governmental capacity to deliver the type of services outlined in Section C.

IV. Key Personnel (15%)

Applicants must propose which positions should be designated as Key Personnel (not to exceed 5 inclusive of a Cambodian Chief-of-Party and a senior Cambodian leadership and managerial team). Key Personnel will be evaluated based on their relevant prior experience directly related to their proposed positions and work to be carried out, including technical qualifications, professional competence, Khmer language competencies, relevant academic background, and demonstrated experience. The Chief of Party shall have a proven track record of managing similar programs.

V. Institutional Capability (15%)

Applicant's institutional capability will be evaluated based on their 1) organizational history/expertise; 2) pertinent work experience and representative accomplishments in developing and implementing programs of the type required under this RFA, with such experience in Cambodia being most desirable; 3) relevant experience with proposed approaches; 4) institutional strength as represented by breadth and depth of experienced personnel in project; relevant disciplines/areas; sub-recipient capabilities and expertise; and 5) financial controls. Specifically, this criterion will evaluate the Applicant's expertise, core capabilities, and ability to implement activities within its manageable interest, particularly within the Cambodian context.

VI. Past Performance (20%)

Past performance will be evaluated based on the applicant's record in (1) implementing similar activities and prior success in this type of project; (2) past record in maintaining positive and effective relationships with host country government and partners, particularly relationships with Cambodian entities; (3) developing human and institutional capacity; (4), timeliness in meeting milestones; and (5) ability to implement activities within budget, and use of cost-efficient measures.

TOTAL (TECHNICAL EVALUATION CRITERIA): 100 POINTS

Cost Evaluation:

Cost has not been assigned a score but will be evaluated for cost reasonableness, allocatability, allowability, cost effectiveness and realism, adequacy of budget detail and financial feasibility and cost sharing. While cost may be a determining factor in the final award(s) decision, especially between closely ranked applicants, the technical merit of applications is substantially more important under this RFA.

Notes on cost sharing:

- a. Cost share is defined by USAID as "contributions, both cash and in-kind, which are necessary and reasonable to achieve program objectives and which are verifiable from the recipient's records." Please take note of the provision on cost sharing in 22 CFR 226.23.
- b. Although there is no requirement that applicants propose a specific cost share, USAID policy is that cost sharing is an important element of the USAID-recipient relationship. USAID

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requires applicants to demonstrate their commitment to program success by addressing the issue of cost-sharing.

Applications will be evaluated in accordance with the selection criteria identified above. USAID reserves the right to determine the resulting level of funding for any awards made under this RFA.

[END OF SECTION B]

SECTION C - PROGRAM DESCRIPTION

A. Background

Country Context

The 2008 population of Cambodia is approximately 13.3 million, about 80% of whom live in rural areas. Although still very much a least developed country, economic growth over the 1994-2004 period averaged 7% per annum and the proportion of people living below the poverty line declined from 47 to 35%. As a result of a massive “baby boom” from 1980 through the mid 1990’s, the country has an extremely young demographic structure, with almost two thirds of the population under the age of 30. The first wave of “baby boomers” are now in their early 20’s and generating a second, smaller “boom” as they marry and start families. Consequently, despite a steadily decreasing total fertility rate, the crude birth rate is a high 25.6 per 1,000.

Most of the population is engaged in subsistence agriculture (rice farming) but this is already starting to change with more non-agricultural employment seen among those under the age of 30 than in the older age groups. The reach of mass media – television and radio, in that order – is substantial. More two thirds of all Cambodians watch TV at least once a week; among youth aged 15 -24 years, half watch television daily.

Although the level of education is low by international standards, it is significantly higher than in the recent past. 57.8% of 15 to 19 year-olds have completed primary school, a more than 20 percentage point increase over the age group immediately ahead of them, and a huge difference when compared to less than 10% of persons aged 40 and over. Equally important, this gain in basic education has been equitable and a formerly pronounced gender gap is rapidly closing. For the age group 20 to 24 years the female: male ratio for completion of primary school is 0.68, whereas for the age group 15 to 19 years it has risen to 0 .92. These trends seem certain to continue; the net attendance ratio for primary school is at an all-time high and the gender parity index for primary school attendance is now 1.02. Although males still outnumber females with respect to secondary schooling, that gap has significantly narrowed in recent years as well.

The average age of marriage is 20 for women and 22 for men and has remained virtually unchanged over the past decade. There has also been little change in the median age at first birth, which remains about 21-22 years. However, while having a child immediately after getting married was once taken for granted, there are signs that young couples are starting to plan the onset of child-bearing in addition to overall family size, as indicated by the percentage of young married women with no children who say they want to wait 2 or more years before becoming pregnant: less than 10% in 1998, 14.5 % in 2000 and 18.3% in 2005¹.

Fertility and infant and child mortality decreased significantly in Cambodia between 2000 and 2005, along with a noticeable improvement in intermediate indicators as child immunization and contraceptive prevalence. However, at 84/1,000 live births, the under 5 death rate is still one of the highest in the highest in Southeast Asia, and maternal mortality has shown no improvement at a very

1 National Health Survey 1998, Cambodia Demographic and Health Surveys 2000 and 2005

high 472 deaths per 100,000 live births. Progress has been made in curtailing new transmission of HIV but the epidemic is far from over and transmission from mother to child remains a neglected area in terms of prevention. Tuberculosis remains hyper-endemic, affecting approximately 225 per 100,000 population. Dengue fever is endemic with major outbreaks occurring every 2-3 years. Malaria is endemic in the more remote, forested parts of the country. The population remains vulnerable to unpredictable out-breaks of other infectious diseases such as SARS, avian influenza (AI) and other influenzas.

Infant/child Mortality

Facility-based data and verbal autopsy results from surveillance sites and the 2005 Cambodia Health and Demographic Survey (CDHS) paint a fairly uniform picture of the causes of death among under fives. Neonatal deaths in Cambodia are primarily due to low birth weight/prematurity, obstetrical problems and neonatal tetanus, with the lion's share falling into the first two categories. Note that, due to a larger decrease in deaths in the 1 to 11 month age group than among neonates, the proportionate contribution of neonatal deaths to overall infant mortality in Cambodia has increased over the past five years from 37% to 42%.

Table 1: Child Health Indicators

Indicator	2000	2005
Neonatal Mortality	37	28
Infant Mortality	99	66
Child Mortality	33	19
Under 5 Mortality	124.4	83
Percent of children ages 12-23 months Fully Immunized	39.9%	66.6%
Percent of Children 0-59 Months \leq -2 SD Weight-for-Age	45.2%	35.6%
Percent of Children 0 – 59 Months \leq -2 SD Height-for-Age)	44.6%	37.3%
Percent of Children 6 – 59 Months who are Anemic	64.1%	61.9%

Source: Cambodia Demographic and Health Surveys 2000 and 2005

Post-neonatal deaths are primarily due to Acute Respiratory Infection (ARI), sepsis/meningitis/encephalitis, dengue hemorrhagic fever (DHF), malaria, diarrhea, and measles. Malaria deaths in children are largely limited to a small number of rural provinces with endemic transmission, whereas the other causes mentioned are found nationwide. Malnutrition underlies many of the deaths from infectious disease; over a third of Cambodian children are moderately or severely underweight and two thirds are anemic.

ARI and DHF are also leading causes of child (ages 12 – 59 month) deaths, along with accidents (primarily traffic-related and drowning). Fewer than half of all children with symptoms of an ARI are taken to a trained provider. When they are, it is usually to a government Health Center (HC). HC treatment fees are affordable, but for persons living beyond walking distance, transport costs can be a barrier. In addition, HCs are equipped only to handle simple illnesses; serious cases must be referred to a hospital, usually at the patient's expense. Treatment fees at government hospitals, unlike HCs, are comparatively high and present a serious barrier for the poor. Children who are not treated by a trained provider are usually given medicines bought from a shop or pharmacy. A wide range of drugs, including many unsafe for use in children, are available over the counter nationwide.

Family Planning

Modern contraceptive prevalence increased from 19% in 2000 to 27% in 2005. The most commonly used methods are the pill and hormonal injectables (11 percent and 8 percent, respectively). Despite this, the country is still far from its Millennium Development Goal (MDG) of 60%. In addition, the CDHS 2005 estimates that 25% of currently married women of reproductive age have an unmet need for family planning, and a secondary analysis of the 2005 CDHS found that almost 30% of ever married women had an unplanned pregnancy in the 5 years before the survey. As shown in Table 2 below, only two-thirds of FP acceptors are using modern methods, and there has actually been a proportionately larger increase in traditional use than in modern method use over the past five years. This is of concern since ever-use of a traditional method is strongly correlated to unwanted pregnancy and having had an induced abortion.²

Table 2: Fertility and Family Planning

Indicator	2000	2005
Total Fertility Rate	4.0	3.5
Modern Contraceptive Prevalence Rate (Currently Married Women 15-49 yrs)	18.8%	27.2%
Percent of Currently Married Women Aged 15-49 years Using Traditional Method of FP	5.1%	12.8%

Source: Cambodia Demographic and Health Surveys 2000 and 2005

Unmet need for FP is strongest among potential spacers, as opposed to limiters. The strongest predictor of non-use of FP among women who do not want to become pregnant is lactation; FP use is low among mothers who are still breast-feeding even when more than 24 months post-partum. It is unclear if this is due to overconfidence in the protective effects of lactation or to health concerns, or both. Younger women with no or only one child also have a very high rate of unmet need; there is a widespread belief in Cambodia, shared even by many health care providers, that use of hormonal methods of contraception – the most popular form of FP in Cambodia – before having had a child can cause permanent sterility. Side effects/health concerns have always been, and remain, the main reason given for non-use of FP by women who do not want to become pregnant and are also the main reason for discontinuation of modern methods.

Maternal Health

Despite increases in ante-natal coverage and in the percent of deliveries performed by trained personnel and in a health facility (see table 3 below) there has yet to be any improvement seen in the unacceptably high maternal mortality ratio, estimated at 472/100,000 live births in 2005³.

Table 3: Maternal Health

Indicator	2000	2005
Maternal Mortality Ratio	437	472
Percent of Births Preceded by Trained Antenatal Care	37.7%	69.3%
Percent of Births Delivered by Trained Attendant	31.8%	43.4%
Percent of Births Occurred in Health Facility	9.9%	21.5%

Source: Cambodia Demographic and Health Surveys 2000 and 2005

² CDHS 2005; unpublished secondary analysis

³ Cambodia Demographic and Health Survey 2005

The failure of increases in ante-natal coverage and trained deliveries to translate into reduced maternal mortality reflects, in addition to a need to further increase coverage, a lack of quality in the services that are received. Although over two-thirds of women with a birth in the past five years reported receipt of ANC, only 44% received two or more checks from a trained provider that met the minimal requirement of a blood pressure check and iron supplementation. Significant numbers of ANC clients - 29% of those served by the public sector and 39% of those served in the private -- fail to receive these most important high impact interventions.

Delivery by a trained attendant, even in a health facility, does not necessarily equal a safe delivery. Maternal death audits show post-partum hemorrhage to be the leading cause of maternal death, followed by eclampsia and infection in that order. More than a third of the women delivered by a trained provider in the CDHS reported that they did not receive any post-natal care within 24 hours of the birth. Even when delivery occurred in a health facility, more than 20% of the women waited more than 24 hours before receiving a post-natal check.

While the incidence of neonatal death is lower among women with a trained delivery attendant, all other factors controlled for, it does not differ significantly regardless of where the trained delivery took place (home or health facility). The increase in facility deliveries which occurred between 2000 and 2005 is primarily the result of deliveries in HCs, which do not have the human or material resources necessary to provide emergency obstetric or neonatal care. The second largest increase occurred in Referral Hospitals, most of which are similarly unequipped. Transportation from a facility without emergency obstetric/neonatal care capability to one with can be difficult to arrange, time-consuming and expensive. These constraints are reflected in the very low rate of caesarean section (1.9%) between 2000-2005 despite a more than doubling in the percent of facility deliveries during that same time period.⁴

The Ministry of Health (MoH) Health Information System (HIS) indicates a higher incidence of maternal death in 2005 among deliveries in HCs than in hospitals, despite the fact that the latter contain a disproportionately high percentage of complicated deliveries due to referral:

Location	Number of Deliveries	Number of Maternal Deaths	% Deliveries resulting in Maternal Death
Health Center	42,383	85	0.20%
Referral Hospital	19,701	19	0.10%
National Hospital	29,143	34	0.12%
Total	91,227	138	0.15%

Source: HIS 2005

Based on a crude birth rate of 25.6/1,000⁵ and an estimated mid-year 2005 national population of 13.3 million⁶, the facility deliveries reported in 2005 represent about 26.8% of all deliveries, indicating that the trend in favor of facility deliveries is ongoing. This is to be expected since, owing to the young demographic structure, an increasingly high percentage of births are occurring to young women who

⁴ Secondary Analysis of 2005 CDHS, Ministry of Planning 2007

⁵ CDHS 2005

⁶ Projection based on 2004 Inter-Censal population Survey of Cambodia 2004

are more educated than prior generation⁷ and show a strong disposition towards trained maternity care. Demographics alone virtually assure continued increases in coverage for ANC, and trained delivery, but without an improvement in the *quality* and content of these services the expected mortality benefit may not accrue.

In addition to unmet need for emergency obstetric care, iron deficiency anemia contributes significantly to excess maternal mortality. Anemia afflicts almost half of all Cambodian girls by the age of 15. It increases in both prevalence and severity during pregnancy, creating a serious risk factor for death from the blood loss associated with even a normal delivery:

Anemia Status of Women Aged 15 – 49 years

	Mod/Severe Anemia	Mild Anemia	Normal
Not Pregnant	9.8%	36.2%	54.0%
Pregnant	34.4%	20.6%	45.0%

Source: Secondary Analysis of CDHS 2005, Ministry of Planning 2007.

HIV/AIDs and STIs

HIV in Cambodia is primarily transmitted through heterosexual intercourse, with commercial and quasi-commercial sex the main venue. Cambodia has made striking progress in the reduction of HIV/AIDS prevalence, which declined from 2% in 1998 to less than 1% in 2007 among the general population. It is estimated that 85% of HIV+ people eligible antiretroviral therapy are now also receiving it. However, HIV transmission and high prevalence continue in high risk groups, demonstrating the continued need for strong prevention. USAID has significant investments in prevention of HIV among high risk populations under other, ongoing programs.

A particular concern is the large cohort of youth who make their sexual debut each year in this demographically young population. Cambodia's younger generation is, on the one hand, increasingly involved in serial "boyfriend/girlfriend" relationships which often include sex while, on the other, continuing to hold traditional cultural views of the unacceptability of pre-marital sex in general and for girls in particular. The gap between beliefs and behavior, and stigmatization of behavior that is increasingly widespread results in a substantial unmet need on the part of youth for reproductive health information and services. Utilization of HCs, which is high throughout childhood and rises again among women of reproductive age after marriage, is extremely low for unmarried youth and virtually nil for them with respect to seeking family planning or other reproductive health information or services. "Youth-friendly" NGO clinics, on the other hand, have been successful in reaching a large volume of unmarried youth, attesting to a silent but sizable demand among them for accurate reproductive health information and services.

Data from the 2005 CDHS show a pattern among unmarried male youth – especially, but not only, in urban areas – of engaging in both commercial sex and sex with girlfriends; reported use of condoms with girlfriends is only 73.5%. Unmarried Cambodian women are caught in a particularly precarious situation. On the one hand, there continues to be a strong social stigma attached to loss of virginity before marriage, and men are reluctant to marry a woman who has had prior sexual partners; on the

⁷ 58.5% of women now aged 15-19 years have completed primary school compared to only 11.6% of women aged 45-49 years; more than 90% have had at least some primary schooling.

other hand, both biological forces (earlier puberty associated with improved socio-economic conditions and better nutrition) and shifting behavioral norms place pressure upon them to engage in pre-marital sex once romantically involved with a boyfriend. Pre-marital sexual relations often leaves the boy free to end the relationship without long-term consequences, while the girl risks loss of reputation and damage to future marriage prospects. This dynamic has many unfavorable results: girls may remain in patently abusive relationships due to a perceived lack of choice or poor choices are made as they perceive themselves as “damaged goods” while males have little to no social pressure to behave more responsibly.

In addition to youth, another area of special concern not yet adequately addressed is that of HIV transmission within the family. While progress has been made in controlling the incidence of HIV infection from commercial sexual encounters, once infected a man remains highly likely to infect his wife and, through her, one or more children. The 2005 CDHS found that in married couples with one or more infected partners, both spouses were infected in 50% of the cases, while in 40% the husband was positive and the wife was still HIV negative; in only 10% of cases was the wife positive and the husband negative. Yet use of condoms between spouses remains very low; only 16.1% of men who tested HIV positive in the CDHS used a condom with their wife. With only 12.3% of married women having ever been tested for HIV, and very few women being tested in the course of ANC (12% in 2005), the risk of transmission from mother to child remains unnecessarily high. This is eloquently attested to by the finding that, among women who tested HIV positive in the 2005 CDHS⁸, 2.2% were currently pregnant, 35.9% were less than 24 months post-partum, and 21.9% were planning to have a child “soon”.⁹

This state of affairs reflects the fact that HIV testing and counseling services are largely hospital-based and not integrated into antenatal and family planning services. There has been little progress in implementing prevention of mother-to-child transmission (PMTCT) services; few ANC locations can provide on-site counseling and testing and only a handful of hospitals provide ARV prophylaxis for pregnant women. In addition to poor access to HIV counseling and testing during ANC, risk awareness among women is low as is the knowledge of existing treatment to prevent HIV transmission during pregnancy and delivery. More troubling still is that less than 50% of HIV positive pregnant women who are identified and counseled currently return for follow-up, ART services or delivery at a facility.

Tuberculosis, Avian Influenza and other Infectious Diseases

Significant progress has been made in raising the TB cure rate (89% in 2006) above the medium-term target of 85%, but case detection (65% in 2006) remains below its target of 70%. Expanded opportunities for detection are now being sought, including a public-private mix (PPM) program. PPM has involved only commercial pharmacies in 11 provinces since its launch in 2006; the next phase will link to private physicians in the same provinces. Confirmation of suspected cases presenting at health facilities could also be improved by training providers in sputum induction and active follow-up of cases which continue to show symptoms despite negative microscopy. TB/HIV co-infection is common: HIV prevalence among TB patients was around 10% in 2005. While most newly diagnosed

⁸ Testing was done as part of the CDHS and most respondents had not had a prior test so may have been themselves unaware of their HIV status

⁹ Secondary Analysis of 2005 CDHS, Ministry of Planning 2007

HIV patients are screened for TB, the reverse is not the case; uptake of VCCT among TB patients is low, largely because the service is generally not available at HC level.

The incidence of dengue fever has risen throughout South East Asia, and Cambodia has moved from periodic urban outbreaks to large numbers of annual infections nationwide (over 34,000 in the January to August period of 2007, including 365 deaths). Major epidemics occur at 2-3 year intervals and are no longer limited to cities and towns. Malaria, particularly drug-resistant forms, remains an intractable problem in forested areas along the Thai border. AI remains a threat, particularly along trade routes between Cambodia and Vietnam.

Public Health System

The Ministry of Health (MOH) administers health services through 24 Provincial Health Departments (PHD) and 76 Operational Districts (OD). Within each OD is a network of Health Centers (HCs) designed to provide primary preventive and curative health services known as the “Minimum Package of Activities” (MPA). Although the HCs each cover a catchment area of only about 10-15,000 people, roads are poor and distances can be considerable. Consequently, immunization and other key preventive services are provided on an outreach basis, which is supposed to occur monthly. HCs vary in how reliably they follow this schedule and tend to perform well only in areas with technical/logistical support from NGOs or other external agencies.

Supporting the HCs is a “Referral Hospital” (RH) which provides inpatient care and an expanded set of services known as the “Complementary Package of Activities”(CPA). The CPA in turn has 3 levels: CPA 1 provides only medical care and minor surgery, CPA 2 includes provision of general surgical services, and CPA 3 provides, in theory, both surgical services and some specialized medical care. Development of the RHs to their officially designated CPA status is still a work in progress; many RHs lack surgical and blood-banking capacities and, by extension, the ability to handle obstetrical emergencies.

The MOH established a National AIDS Program in late 1991, the first year in which HIV was documented in Cambodia. The National Center for HIV/AIDS, Dermatology and STDs (NCHADS) is responsible for the health sector response to HIV/AIDS as well as for provision of technical support to other government agencies and national partners. However, PMTCT services, which fall instead under the National Maternal and Child Health Center (NMCHC), and treatment of tuberculosis remains under the national TB program (CENAT).

Weaknesses in the public sector service delivery system include:

- Inadequate financing and erratic provision of essential drugs and equipment
- Health provider incentives do not reward quality service delivery and performance; the health systems suffers from overlapping, counterproductive payment and incentive schemes; and low public sector salaries lead to simultaneous practice in the private sector, creating a conflict of interest and diversion of time and resources.
- Inadequate human resources (in numbers and skill-level) at the service delivery level and inappropriate allocation of available human resources, especially midwives.

- A general lack of accountability and transparency, and an organizational culture which is not merit-based or performance-oriented.
- De facto autonomy of multiple vertical national programs: while this has in some cases been helpful in ensuring rapid action in response to specific public health needs (e.g. the HIV epidemic), it creates a considerable obstacle for needs that cut across administrative program lines, e.g. PMTCT and diagnosis/treatment of HIV/TB co-infection.

The MoH's first Health Sector Strategic Plan (HSP) ran from 2002- 2007 and largely involved nationwide operationalization of the HCP along with vertical initiatives in immunization, family planning, HIV/AIDs, TB and malaria control. A Health Sector Support Project (HSSP) co-financed by the World Bank (WB), Asian Development Bank (ADB) and Department for International Development (DFID) provided substantial support directly to the MoH for these purposes, while USAID and other donors provided complementary technical assistance and NGO support at community level. The HSSP also funded an initiative whereby the MoH contracted with NGOs to directly manage health services on the government's behalf in 11 ODs, based on a previous successful pilot. NGOs were paid a fixed sum against objectively verified service outputs; to achieve these, they in turn established performance-based payment contracts with the individual health facilities and OD managers. This "Contracting of Health Services" was extremely successful in rapidly achieving and maintaining high levels of preventive service coverage and utilization of public facilities for curative care; it was also found to reduce out-of-pocket costs for health care among the poor.

Positive impacts of HC activities were evident in the 2005 CDHS which showed improved coverage of immunization (almost exclusively provided through HCs) and antenatal care (primarily provided through HCs), although with marked geographical variation. In addition, HCs are in most provinces the primary source of trained treatment for common child illnesses. HCs are disproportionately utilized by the rural poor and by children and women of reproductive age, exactly the groups they are meant to serve. As previously noted, treatment costs at HCs are highly affordable, although transportation costs can be a barrier. More than half of all clients receiving curative care from a HC arrive on foot. The median expense for persons treated at a HC who did not incur transport costs is \$0.29, whereas it is \$2.24 for those who had to pay for transport. The latter cost exceeds the cost of self-treatment with drugs bought at a shop or pharmacy, the most common alternative to HCs.

Government Hospitals, however, still perform poorly, especially in rural areas; both service statistics and the CDHS indicate very low levels of utilization. While the previously described limited range of services available in many of the hospitals, as well as poor quality of care (both technical and interpersonal) undoubtedly plays a role, there is data to support the common belief that financial barriers are paramount. The median health expenditure for treatment in a government hospital is \$26.63 for an illness of moderate to serious severity, slightly higher than the median expense found in private hospitals. All but the highest socioeconomic quintile experience problems in meeting this expense, as indicated by the percentage who report having taken a loan or sold an asset to finance it.¹⁰

A second Health Sector Plan (HSP2) covering the period 2008-2015 has just been developed and a second multi-donor co-financed sector-wide program, the Health Sector Support Project 2 (HSSP2), will provide funds to the Ministry of Health for its implementation. A key feature of the HSP2 is the

¹⁰ Secondary analysis of the 2005 CDHS, unpublished

introduction of “Internal Contracting” approaches which would move funds (block grants) through a Performance Agreement between the MOH and the PHD: provision of capitation-based block grants to PHDs who will be expected to establish performance based contracts with ODs, who will then contract with health facilities, with transparent payment based on measured performance in respect to pre-negotiated service delivery targets. This is an adaptation of the contracting done through NGOs under HSSP, but without external managers. Given limited capacity in the Provincial Health Departments (PHDs) and Operating Districts (ODs), the establishment of internal contracting mechanisms will adopt a phased approach which will focus on first building PHD/OD capacity and then instituting internal contracts.

The HSSP2 is expected to commence in January 2009 with pooled financing from the World Bank, AusAID, DFID and UNFPA at a level of over \$100 million for five years. While only certain donors are pooling finances for disbursement through government sector support channel under the HSSP2 itself, there is a general consensus throughout the donor community to support implementation of the HSP2. “Non-pooled” donors, such as USAID, will serve a vital function in addressing weaknesses, particularly at the service delivery point and demand increase through community mobilization, which will not easily be resolved through supply-side assistance channeled within the government system. The need for transparency of the flow of the HSSP2 resources through the government system is paramount, particularly in terms of resources actually reaching the level of service delivery and payments being truly performance-based. The latter will require both well-designed monitoring systems and external involvement in the monitoring process and perhaps financing arrangements which empower the client. In addition, considerable capacity building will be necessary to enable PHDs and ODs to manage these resources. The new USAID Program has been specifically designed with this in mind.

B. USAID’s Strategic Objectives for Cambodia’s Health Sector

The USAID/Cambodia Strategy for 2006-2010 has three priority goals: good health, good education and good governance. The Strategy aims to support “good health” by building on previous investments in public health while creating opportunities to link health services with improved governance and oversight at the local and national level e.g. by supporting civil society organizations, consumers and commune councils to play a stronger role in monitoring and advocacy for consumers of health care. The Strategy directly supports the US government’s (USG) Goal 3, *Investing in People* which implements initiatives to “build the capacity of partner countries to invest in their people”.

The current USAID/Cambodia Office of Public Health & Education (OPHE) Strategic Objective is “*Improved Health Services in HIV/AIDS and Infectious Diseases as well as in Maternal, Child and Reproductive Health*”. Program elements include HIV/AIDs, Tuberculosis, Maternal and Child Health, Family Planning and Reproductive Health, Avian Influenza and Malaria (through a regional mechanism).

C. USAID Investment in Family Planning/Reproductive Health (FP/RH): Past and Present

USAID has supported FP/RH and other health care services in Cambodia through a number of community-based NGO programs since the early 1990’s which provided on-the-job training and coaching, commodity procurement, technical assistance and logistical support to improve the content

and coverage of basic (HC and HC outreach) health services by the public sector. Coverage rates for such important indices as child immunization and ante-natal care are substantially higher in those parts of the country where USAID-funded NGOs have had a long-term presence. However, these achievements have been obtained in part through NGO support which compensates for chronic weaknesses in the health system and their sustainability requires durable solutions to the underlying problems of poor staff motivation/accountability, distorted and counterproductive incentives, and inadequate operating budget.

USAID played a key role in introduction of voluntary family planning services in Cambodia in the mid 1990's, through technical assistance to the government and establishment of a nonprofit clinic in Phnom Penh and community-based sales of pills and condoms. Over the past ten years the number of USAID supported NGO RH clinics has increased to 17 facilities in 7 provinces and the care provided in the clinics has expanded to include a comprehensive package of FP/RH/HIV services. Short-term methods of contraception (pills, condoms) sold by community based agents in villages distant from the clinics is considered a best practice in family planning coverage. In addition, the clinics have developed specialized approaches to provide Reproductive Health information and services to youth.

D. Purpose of the New Family Planning/ Reproductive Health (FP/RH) Program

The purpose of the program is to contribute to the following Cambodia-specific goals for September 2013:

- Reduce maternal and under-5 mortality by 25%.
- Increase modern contraceptive prevalence to at least 33%.
- Reduce TB prevalence by 20%.
- Reduce HIV prevalence in the sexually active population by 10%.

These objectives and the supporting outputs, expected results and assumptions are laid out in Appendix A.

The program aims to contribute to this purpose through the following six components:

1. Technical assistance in improving the quality and reach of FP/RH services;
2. Provision of high quality comprehensive FP/RH services through urban-based non-governmental clinics;
3. Community-based sales of contraceptives. Note: Under this RFA, USAID will not procure or provide contraceptive commodities. The Awardee will be responsible for working collaboratively with the Ministry of Health and other health donors to ensure procurement and distribution of short-term contraceptive commodities.
4. Behavior Change Communication (BCC) in HIV/STI prevention, FP and other RH targeting youth, migrant workers and other vulnerable groups;
5. Health promotion activities by community volunteers under the institutional aegis of local government; and,

6. Technical assistance and capacity-building for public health services in targeted provinces and operating districts (OD), working closely with or in support of “internal contracting” arrangements financed under the HSSP2, should both programs be present in the OD.

These six components are expected to jointly contribute to the following outputs:

- Increased use of modern methods of FP;
- Increased coverage of key maternal health interventions: ANC, trained delivery, PNC and immediate Breast-Feeding (BF);
- Increased practice of Essential Newborn Care and sick newborn management
- Increased utilization of voluntary testing and counseling (VCCT) for HIV;
- HIV counseling and testing of pregnant women is increased.
- FP counseling and services are routinely provided to PLWHAs.
- The percentage of HIV pregnant women receiving anti-retroviral prophylaxis, counseling on BF and appropriate follow-up is increased.
- Awareness among unmarried youth of the risks of HIV/STI and the ABC of prevention is strengthened with a focus on empowering adolescent girls to protect themselves from STIs and on building a sense of responsibility on the part of adolescent boys with respect to their role in HIV and STI transmission.
- Increased utilization of preventive child health services: immunization, Vitamin A Capsule supplementation, exclusive BF;
- Increased percentage of children with potentially serious infection (e.g. ARI, diarrhea) who receive appropriate care;
- Improved quality and utilization of public health facilities (HCs and RH);
- Increased detection of TB and continued high cure rate; and,
- Increased availability of HIV and TB testing for clients suspected of co-infection.
- Increased coverage of infectious disease prevention and surveillance activities.

E. Coverage under this Program**Geographical Scope**

Program component 1 is nationwide in scope. Components 2 through 6 are to be implemented in the following locations:

Province/OD	Clinic	CBD	HIV/STI BCC	Community Health Promotion	TA/CB Internal Contracting
Phnom Penh	X		X		
Siem Reap	X		X		
Kampong Cham	X	X	X	X– all ODs	X– all ODs
Battambang	X	X	X - 3 ODs: Battambang, Sangke and Moeung Russei	X- 3 ODs: Battambang, Sangke and Moeung Russei	X- 3 ODs: Battambang, Sangke and Moeung Russei
Takeo ¹¹	X - 3 years only	X - 3 years only			
Sihanoukville	X	X	X	X– all ODs	X– all ODs
Kampong Speu	X	X	X	X- all ODs	X – all ODs
Svay Rieng	X		X		

Note: Although 17 ODs are to be covered for Community Health Promotion and TA/CB, the Applicant may propose a phased roll-out over the first 2-3 years of the Project to achieve this.

Target groups and inclusion of the poor and vulnerable

Clinic-based services are expected to serve a mixed client base inclusive of above poverty-line wage earners, youth (whose ability to pay may be constrained by non-economic factors) and poorer clients who require partial or full subsidization. At the same time, clinic services as a whole are expected to show progress towards economic sustainability over the five year life of the Project¹². Applicants shall explicitly address how this will be done, and ensure that their proposed staffing (including short-term technical assistance) includes appropriate financial and marketing expertise. *Illustrative* approaches may include:

- contracting with health insurance schemes and equity funds for reimbursement of services provided to insurance members and the poor;
- use of pre-payment schemes (vouchers, maternity packages etc);

¹¹ Takeo is not one of the USAID focus provinces. Activities in the existent clinic and CBD may be supported for a maximum of 3 years, allowing time for securing of other donor support.

¹² It is recognized that the degree of cost recovery possible will vary by individual clinic location, and not necessarily expected that every clinic will contribute to this to the same degree.

- multi-tiered pricing structures designed to maximize revenue from the better off while keeping services accessible for the poor;
- provision of non-essential services at higher rates in order to subsidize services of public health importance; and
- Securing other donor or private support to subsidize delivery of services to specific target populations.

Community-based sales of contraceptives are expected to be affordable for the vast majority of the population and to primarily serve rural families of average or below average income.

BCC activities shall specifically target:

- youth: in and out of school;
- migrant workers and other persons whose occupation places them at high risk, .e.g. casino workers and others in the entertainment industry; and,
- other groups in the specified locations which Applicants identify as being at higher than average risk of HIV/STI.

Community MCH health promotion activities shall target rural families, particularly mothers of young children, women of reproductive age, and persons with TB and their families, with particular attention to the poor.

Capacity building for “provincial block grants” will serve the entire population but bring particular benefit to poorer families who cannot afford private sector care.

Estimated funding: Funds available for this program are not expected to exceed \$34 million for the 5 year period from accounts earmarked for HIV/AIDs, Family Planning/Reproductive Health, Infectious Disease, Child Survival and Maternal health (CSMH) and TB. The approximate allocation by funding stream is projected to be: HIV/AIDs 45%, FP/RH 35%, CSMH 15% and TB 5%.

The Awardee will be expected to align under the Royal Government of Cambodia’s Health Strategic Plan (2) 2008-2015 and fully collaborate with other USAID-funded programs focusing on strengthening health systems and building institutional capacity-building at the national, provincial and service delivery levels.

F. Key Elements of the FP/RH Program

The Program will have 6 synergistic components:

Component 1: Nationwide Technical Assistance in FP/RH:

The Awardee will be expected to actively participate in relevant national forums and seek to provide the MoH, other NGOs and the donor community with the benefit of its expertise and experience in the area of FP/RH. Although this may be done with respect to a wide range of issues, some of them not yet emergent, particular emphasis shall be given:

- Expanding access to PMTCT services;
- Creating a functional integration of VCCT with ANC, FP and TB services at the level of service delivery;
- Developing, and if necessary field-testing, country-specific protocols for the management of contraceptive side-effects; and,
- Strategies to increase modern method FP use through interventions that specifically target the problems identified in Part E.

Applicants shall describe how they will go about achieving this, and shall ensure that the technical team proposed to implement the Program reflects the level of expertise required. *Illustrative* approaches might include:

- Active membership in specific technical working groups/taskforces
- Clinical training of public and private sector providers
- Dissemination of experiences/lessons learned
- Guided field visits to observe program activities

Component 2: Clinic-based Service Delivery

Locations: Phnom Penh, Kampong Speu, Kampong Cham, Battambang, Takeo¹³, Sihanoukville, Siem Reap and Svay Rieng

The Awardee will be expected to provide FP/RH services through one or more facilities in each of the locations listed above. Services are expected to include, but not necessarily be limited to, the following:

- Family planning
- Comprehensive antenatal care (ANC) inclusive of PMTCT
- Post-natal and newborn care
- Diagnosis and treatment of STIs and RTIs
- Voluntary and Confidential Counseling and testing (VCCT) for HIV in accordance with NCHADs guidelines, both provided as a stand-alone service and offered as an integral part of ANC and FP.
- A comprehensive pre-marital program consisting of VCCT, FP information and counseling, counseling on gender issues and HIV/STI prevention, anemia screening and any other services the Applicant wishes to propose consistent with program objectives.
- Provision of Emergency Contraception (EC) with appropriate counseling and follow-up
- Comprehensive medical and psycho-social care for rape victims

¹³ This component will be supported in Takeo for years 1 to 3 only, during which time the Awardee shall seek other sources of long-term funding.

- Post Abortion Care
- Early detection of cervical cancer

The services listed above are expected to be available for all clients, but also to be provided in a special manner for youth which reflects sensitivity to the social constraints which ordinarily limit their access to information and services. Applicants shall specify how the above services—and any other services they may propose— will be provided both for the general population and for youth; specific measures to ensure that these services are “youth friendly” shall be described.

Applicants shall briefly describe how they will ensure consistent delivery of the services listed above, and any others which they may propose, including internal clinic management and Quality Assurance systems.

Component 3: Community-based sales of contraceptives

Locations: Kampong Speu, Kampong Cham, Battambang, Takeo¹⁴, and Sihanoukville

Oral pills – both combination and progestin only -- and condoms are to be sold through community agents in general accordance with MoH guidelines on CBD. Provision of injectable contraception by trained community agents is subject to MoH policy revision. In addition to sale of contraceptives, sales agents are expected to provide BCC on family planning with special attention to the issues identified in Part A.

Applicants shall describe specifically how community based agents will address these issues. Applicants shall also describe how contraceptive commodity security will be ensured given the need to ensure commodity procurement through non-USAID sources, as well as procedures for re-supply. Lastly, Applicants shall describe how the community based sales agents will be supervised and how quality of care and linkages to the HC will be assured.

Component 4: Behavior Change Communication (BCC) in HIV/STI:

Locations: Phnom Penh, Kampong Speu, Kampong Cham, Battambang, Sihanoukville, and Siem Reap

a. Youth:

Applicants shall describe a methodology to reach both in and out of school youth using internationally recognized approaches to:

- Increase awareness of the risks of HIV/STI and the “abc”s of prevention and decrease high risk behavior.
- Increase awareness of the risks of early pregnancy, the socioeconomic and health advantages of family planning, and knowledge of specific methods of contraception
- Increase knowledge of the physical changes associated with puberty

¹⁴ This component will be supported in Takeo for years 1 to 3 only, during which time the Awardee shall seek other sources of long-term funding..

- Foster awareness and healthy attitudes with respect to gender equity and gender based violence, including de-stigmatization of rape victims
- Position condoms as a product that is more appealing to youth, particularly those who have casual or sweetheart relationships or engage in other high-risk behaviors (e.g. conveying a sense of intimacy, romance, modernity) and reinforce monogamy in sexual relationships.

Approaches for in and out of school youth shall be described separately and both shall:

- Reflect “best practices” as demonstrated by the Applicant’s past successes in Cambodia or other locations and/or documented successes of other organizations in Cambodia or internationally.
- Involve youth in the design and evaluation of program approaches and materials
- Address sexual double standards in both methodology and content, with a dual emphasis on empowering girls and instilling a sense of responsibility in boys
- Creatively address the stigma associated with condoms and low levels of condom use between spouses and sweethearts

Applicants shall also describe how the youth BCC program will be linked to clinic services and, most importantly, how its impact on attitudes and behavior will be assessed.

b. Migrant Workers and other vulnerable groups

Applicants shall describe a methodology to reach to effectively reach migrant workers and (where applicable) their spouses to:

- Increase awareness of the risks of HIV/STI and the “abc” of prevention, and decrease high risk behavior.
- Increase awareness and utilization of VCCT services
- Increase knowledge and use of modern methods of contraception
- Foster awareness and healthy attitudes with respect to gender equity and gender based violence, including de-stigmatization of victims of rape and sexual harassment and awareness of the new domestic violence law
- Increase awareness of the dangers of human trafficking
- Refer victims/potential victims of trafficking and sexual harassment or exploitation to appropriate legal and social services

If vulnerability to HIV/STI in the specified geographical area which the applicant wishes to target, a brief description shall be provided. Approaches for migrant workers and any other vulnerable groups shall be described separately and both shall:

- Involve the target group in the design and evaluation of program approaches and materials
- Take a rights-based approach with respect to trafficking and gender based violence issues

- Creatively address the stigma associated with condoms and low levels of condom use between spouses and sweethearts

Applicants shall describe how the BCC program for migrant workers and other vulnerable groups will be linked to clinic services and, most importantly, how its impact on attitudes and behavior will be assessed.

Component 5: Community Health Promotion

Locations: Kampong Speu, Kampong Cham, Battambang (3 ODs) and Sihanoukville

Applicants shall describe a methodology to ensure that Village Health Support Group (VHSG) and other community leaders as appropriate have the necessary knowledge, skills and motivation to deliver the “package” of services described below, and to institutionalize them in this role under local government, with technical linkages to the HC. The Community health promotion “package” shall include, but need not be limited to:

- Promotion of appropriate BF and infant/child complementary feeding and nutrition during pregnancy
- Promotion of Point-of-Use water disinfection, hand-washing and sanitation
- Community-based integrated management of child illnesses (C-IMCI) in accordance with MOH C-IMCI guidelines.
- Community-based treatment of common child diseases (ARI, diarrhea) if and as approved by the MOH.
- Community mobilization for attendance at HC outreach sessions and follow-up on missed cases.
- Administration of VAC to missed cases post-VAC distribution, per MOH guidelines.
- Promotion of ANC, birth preparedness, essential newborn care and delivery by trained attendant
- Monitoring the treatment of TB patients per MoH C-DOTs protocol.
- Identification and referral of suspected TB cases.
- Behavior change communication, and information, education and communication through community events for MOH-approved key MCH and FP messages and prevention of HIV/STI.
- Community-based prevention and surveillance activities related to other infectious diseases, as guided by the MOH.
- Establishment of village to HC referral systems.
- Community mobilization/awareness raising of the new MOH client rights initiative.
- Community-based prevention and surveillance activities related to other infectious diseases, as guided by the MOH.

Applicants shall describe how they will:

- (1) ensure that the package of services (and any other community health services they wish to propose) is consistently delivered in all villages through existing community volunteers and structures;
- (2) facilitate institutionalization of these volunteers within local government; and,
- (3) ensure permanent technical linkages with the Health System.

In addition, in order to ensure the effectiveness and sustainability of the community based health promotion activities described above, Applicants shall propose activities to sensitize local government to community health needs, strengthen their accountability in responding to these needs, and institutionalize the role of VHSGs within the local government structure. These shall include, but need not be limited to:

- Training of HC Management Committees (HCMCs) and Commune Councils (CCs) in community health needs/priorities and the new MOH client rights directive.
- Advocacy and technical assistance to HCMCs and CCs in establishing mechanisms for implementing the client rights directive and following up on complaints.
- Development of sustainable mechanism for support of VHSG activities

In addition, Applicants shall propose mechanisms to (1) introduce community participation in the planning and oversight of health service delivery and (2) increase civil society involvement in Governance issues at both OD and PHD level.

Component 6: TA and Capacity-Building (CB) to Operational Districts

Locations: Kampong Speu, Kampong Cham, Battambang (3 ODs), and Sihanoukville

It is anticipated that the Awardee may play a role in building the capacity of OD managers to utilize HSSP2 funds (where there is geographic overlap) provided to them under contract with the PHD to ensure the provision of the MPA and CPA and achieve increased levels of service coverage. This role may include, but need not be limited to, technical assistance and other capacity building activities to:

- Assist ODs negotiate realistic OD-specific targets with the PHD and translate these targets into facility-based targets.
- Assist ODs to accurately assess facility eligibility for performance-based payments
- Assist ODs in development and implementation of effective systems for assuring the quality of HIS data.
- Assist ODs in the transparent preparation of Annual Operations Plans which will ensure program integration and effective channeling of available resources to health priorities articulated in the HSP2 while ensuring current achievements are maintained in a decentralization process.
- Build the capacity of ODs to review, approve, finance and monitor facility operating budgets

- Build the capacity of the ODs to monitor the quality of care in HCs
- Build the capacity of ODs to conduct meaningful, integrated supportive supervision as per MoH guidelines.
- Identify and resolve constraints which inhibit facility performance

The Awardee should be prepared to monitor the actual budget received at the periphery, assist the OD in linking activities with available funding and advocate with government at multiple levels for improved resource allocation as necessary.

Given the need to first award Provincial block grants and train PHDs, it is anticipated that HSSP2-financed OD performance contracts will be phased in around 2010. Therefore, Applicants shall also describe interim activities to sustain or improve the current level of HC and HC outreach services in the specified ODs. *The proposal shall clearly delineate between the pre-contracting interim and contracting periods of assistance.* Support to health facilities and ODs for resources necessary to conduct outreach and other service activities may be provided only during the pre-contracting period and only to the extent that government funds are not available. Such assistance will not be funded by USAID once the “internal contracts” are operational as it would undermine the purpose of the contracts and distort perceptions of the contracts’ effectiveness. Instead, the Awardee will be expected to assist the OD and facilities in understanding the new system and maximizing their resource allocation through better performance.

G. Sustainability Plan

Capacity building and behavior change activities are, by definition, sustainable to the extent that they succeed; consequently the sustainability of components 1, 4 and 6 will be assessed in terms of how likely the methodology described is to achieve the desired outcomes.

With respect to component 2 (Clinics), Applicants shall outline a clear plan for generating revenues through user fees paid by the client and/or reimbursed by a third party. These may be paid at the point of service delivery or in the form of some type of pre-payment plan, or a mixture of both. It is recognized that there will be some clients who must be subsidized; Applicants shall demonstrate an ability to plan and project client mix in terms of ability to pay and utilize cost-shifting strategies where feasible. Applicants shall also show creativity in plans to market services so as to both attract increased client revenues and access third potential third party payers. Applicants will be expected to demonstrate a clear plan for an increase in the overall percentage of clinic services recovered through such approaches over the life of the Project, and are encouraged to make appropriate use of technical assistance in the areas of marketing and health financing to do so. All revenue generated from user fees is to be re-invested in the Program and shall not constitute a profit of any kind to the Awardee.

For Component 3 (CBD), Applicants shall describe how sales revenues will be utilized to support the program, identify any long-term recurrent costs which cannot be financed through sales revenues and propose alternative, non-USG sources of long term financing for same.

For Component 5 (Community Health Promotion), Applicants shall present a sustainable plan for ensuring the continued performance of community volunteers in terms of: motivation/incentive, activity expenses, technical supervision and administrative oversight. This plan shall reflect a transfer of responsibility to government, particularly local government, and reinforce the accountability of same.

On-going organizational technical and management capacity-building will affect all component areas. Applicants should clearly outline how they will maintain and increase the state-of-the-art technical and management skills and capacity of the organization and build its reputation as a recognized national and global technical leader in reproductive health.

The proposed program should capitalize on and strengthen prior USAID investments in developing Cambodian non-governmental capacity to deliver the type of services outlined in Section C.

H. Monitoring and Evaluation

The purpose, outputs, indicators, and risks/assumptions for this program are set out in the log frame attached at Appendix A. The goal and purpose level indicators are taken from national monitoring and evaluation frameworks. These are referenced in the log frame

At the output level, applicants shall propose robust indicators which capture the intended outputs and describe how these will be measured. The proposed indicators will be reviewed and, if accepted by USAID, will form the initial basis for routine monitoring as well as periodic reviews of progress in delivering the outputs and towards achievement of the program purpose.

USAID will monitor and evaluate the Program through:

- Semi-annual progress reports submitted by the Awardee to USAID/Cambodia will be reviewed for progress against planned activities and outputs. These reports will document progress towards outputs and highlight any emerging issues which may affect the likelihood of achieving the program purpose. Receipt of the reports will be followed by a formal meeting with USAID/Cambodia to discuss issues arising and document any actions agreed to.
- USAID anticipates commissioning an external evaluation in year 4 of the Program.

I. Cross-Cutting Themes

The following cross-cutting themes shall be addressed with some specificity in the Application.

a. Gender: USAID promotes specific attention to and gender mainstreaming in all programs. Two guiding questions that shall be considered in addressing gender issues are:

1. Are men and women involved or affected differently by the context or work to be undertaken?
2. If so, how will this difference be addressed in order to manage for sustainable program impact?

Applicants shall address these questions by taking into account not only the different roles of men and women in Cambodia, but also the relationship and balance between them and institutional structures that support them.

b. Poverty: Poverty reduction one of the USG's assistance priorities. Successful applications will demonstrate a clear understanding of how health and poverty interact in the Cambodian context and how this program will contribute to access of quality health care by the poor and vulnerable.

c. Partnering and Linkages: Fostering collaborative linkages and partnerships among USAID implementing partners and within the wider public, NGO, and commercial/private health sector community, including the Cambodian Ministry of Health and its associated national programs, will be an important principle throughout the award period. In particular, Applicants shall describe (1) how they will leverage the activities and inputs of other organizations to enhance Program impact; (2) how the proposed activities will enhance the capacity of the public and private sector; and (3) how successful efforts and lessons learned will be disseminated.

J. Substantial Involvement Understanding

USAID/Cambodia considers collaboration with the awardee(s) crucial for the successful implementation of this program. Substantial involvement under the proposed award(s) shall include the following:

- 1) Approval of key personnel;
- 2) Approval of the initial and annual work plans, including the Performance Monitoring and Evaluation Plan; and changes to the approved work-plan or the performance monitoring plan; and
- 3) Approval of sub-agreements except those covered by 22 CFR 225.25(c)(8).

K. Authorized Geographic Code

The authorized geographic code for the procurement of goods and services under this award is 935.

[END OF SECTION C]

SECTION D: CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT (May 2006)

Note: [1] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term “Grant” means “Cooperative Agreement”. [2] The Recipient must obtain from each identified sub-grantee and (sub) contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Transactions. The Recipient should reproduce additional copies as necessary.

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

(a) The Recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

- (1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;
- (2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;
- (3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;
- (4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and
- (5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the Recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the Recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Recipient.

2. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report

Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

3. CERTIFICATION REGARDING TERRORIST FINANCING IMPLEMENTING E.O. 13224

By signing and submitting this application, the prospective Recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.
2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:
 - a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website : <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.
 - b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient must refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.
 - c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.
 - d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.
3. For purposes of this Certification-
 - a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false

documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means-

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: <http://untreaty.un.org/English/Terrorism.asp>); or

(ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as Recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

4. KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

5. PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:
 - a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
 - b. I am not and have not been an illicit trafficker in any such drug or controlled substance.
 - c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.
2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

NOTICE: If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

6. CERTIFICATION OF RECIPIENT

By signing below the Recipient provides certifications and assurance for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Certification Regarding Terrorist Financing Implementing Executive Order 13224, (4) the Key Individual Certification Narcotics Offenses and Drug Trafficking and (5) the Participant Certification Narcotics Offenses and Drug Trafficking, above.

RFA No.: _____

Application No.: _____

Date of Application: _____

Name of Recipient: _____

Typed Name and Title: _____

Signature: _____

Date: _____

**7. CERTIFICATION OF COMPLIANCE WITH STANDARD PROVISIONS ENTITLED
“CONDOMS” AND “PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE
LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING”**

This certification requirement only applies to the prime recipient. Before a U.S. or non-U.S. non-governmental organization receives FY04-FY08 HIV/AIDS funds under a grant or cooperative agreement, such recipient must provide to the Agreement Officer a certification substantially as follows:

“[Recipient's name] certifies compliance as applicable with the standard provisions entitled “Condoms” and “Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking” included in the referenced agreement.”

PART II - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

The Recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the Recipient in connection with this application or grant:

Name	Title	Telephone No.	Facsimile No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

If the Recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the Recipient's TIN:

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the Recipient must supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients must take care to report the number that identifies the Recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the Recipient does not have a DUNS number, the Recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the Recipient. The Recipient must be prepared to provide the following information:

- (1) Recipient's name.
- (2) Recipient's address.
- (3) Recipient's telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the organization was started.
- (7) Number of people employed by the Recipient.
- (8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.dbisna.com/dbis/customer/custlist.htm>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

If the Recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: _____

5. PROCUREMENT INFORMATION

(a) Applicability. This applies to the procurement of goods and services planned by the Recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the Recipient in conducting the program supported by the grant, and not to assistance provided by the Recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the Recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the Recipient plans to purchase under the grant:

\$ _____

(c) Nonexpendable Property. If the Recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

TYPE/DESCRIPTION

QUANTITY

ESTIMATED UNIT COST

(d) Source, Origin, and Componentry of Goods. If the Recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of

purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items does not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION
QUANTITY
ESTIMATED GOODS
PROBABLE GOODS
PROBABLE (Generic)
ESTIMATED UNIT COST
GOODS COMPONENTS
PROBABLE SOURCE
GOODS COMPONENTS
PROBABLE ORIGIN

(e) Restricted Goods. If the Recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION
QUANTITY
ESTIMATED UNIT COST
PROBABLE SOURCE
PROBABLE ORIGIN
INTENDED USE

(f) Supplier Nationality. If the Recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION

QUANTITY
ESTIMATED UNIT COST
PROBABLE SUPPLIER
PROBABLE NATIONALITY
RATIONALE FOR NON-U.S.

(g) Proposed Disposition. If the Recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of \$5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the Recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the Recipient may deduct from the federal share \$500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION
QUANTITY
ESTIMATED UNIT COST
PROPOSED DISPOSITION

6. PAST PERFORMANCE REFERENCES

On a continuation page, please provide a list of the ten most current U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, and telephone number of the Contract/Agreement Officer or other contact person.

7. TYPE OF ORGANIZATION

The Recipient, by checking the applicable box, represents that -

(a) If the Recipient is a U.S. entity, it operates as ☐ a corporation incorporated under the laws of the State of, ☐ an individual, ☐ a partnership, ☐ a nongovernmental nonprofit organization, ☐ a state or local governmental organization, ☐ a private college or university, ☐ a public college or university, ☐ an international organization, or ☐ a joint venture; or

(b) If the Recipient is a non-U.S. entity, it operates as ☐ a corporation organized under the laws of _____ (country), ☐ an individual, ☐ a partnership, ☐ a nongovernmental nonprofit organization, ☐ a nongovernmental educational institution, ☐ a governmental organization, ☐ an international organization, or ☐ a joint venture.

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non-color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

ATTACHMENT A

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge

and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

**KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG
TRAFFICKING**

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
3. I am not and have not been a knowing assister, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that key individuals of organizations must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

[Required if the identity of participant trainees is known by the time application is made].

1. I hereby certify that within the last ten years:

- a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
- b. I am not and have not been an illicit trafficker in any such drug or controlled substance.
- c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

Date of Birth: _____

NOTICE:

- 1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.
- 2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

FORMATS: Rev. 06/16/97 (ADS 303.6, E303.5.6a) When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". The recipient must obtain from each identified subgrantee and (sub) contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S.

nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

CERTIFICATION REGARDING TERRORIST FINANCING

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.
2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:
 - a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website: <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.
 - b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.
 - c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.
 - d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.
3. For purposes of this Certification-
 - a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means-

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site:

<http://untreaty.un.org/English/Terrorism.asp>); or

(ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signed: _____

Name and Title: _____

Name of Organization: _____

Date: _____

PART III -Survey on Ensuring Equal Opportunity for Applicants

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

☐ Yes ☐ No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-12 ☐ over 100

3. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☐ \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes ☐ No

5. Is the applicant a non-religious community based organization?

☐ Yes ☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes ☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☐ Yes ☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes ☐ No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money our organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725.

SECTION E: STANDARD PROVISIONS AND OTHER REQUIREMENTS

1. IMPLEMENTATION OF EXECUTIVE ORDER 13224 ON TERRORIST FINANCING

The Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/Recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/sub-awards issued under this contract/agreement.

2. REVISED REGULATIONS CONCERNING DEBARMENT AND SUSPENSION AND DRUG-FREE WORKPLACE APPLICABLE TO ASSISTANCE

A. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (JANUARY 2004)

(1) The Recipient agrees to notify the Agreement Officer immediately upon learning that it or any of its principals:

- (a) Are presently excluded or disqualified from covered transactions by any Federal department or agency;
- (b) Have been convicted within the preceding three-years period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b); and
- (d) Have had one or more public transactions (Federal, State, or local) terminated for cause or default within the preceding three years.

(2) The Recipient agrees that, unless authorized by the Agreement Officer, it will not knowingly enter into any subagreements or contracts under this grant with a person or entity that is included on the Excluded Parties List System (<http://epls.arnet.gov>). The Recipient further agrees to include the following provision in any subagreements or contracts entered into under this award:

B. DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION (DECEMBER 2003)

The Recipient/contractor certifies that neither it nor its principals is presently excluded or disqualified from participation in this transaction by any Federal department or agency.

(1) The policies and procedures applicable to debarment, suspension, and ineligibility under USAID-financed transactions are set forth in 22 CFR Part 208.

C. DRUG-FREE WORKPLACE (JANUARY 2004)

(1) The Recipient agrees that it will publish a drug-free workplace statement and provide a copy to each employee who will be engaged in the performance of any Federal award. The statement must:

(a) Tell the employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in its workplace;

(b) Specify the actions the Recipient will take against employees for violating that prohibition; and

(c) Let each employee know that, as a condition of employment under any award, he or she

(1) Must abide by the terms of the statement, and

(2) Must notify you in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace, and must do so no more than five calendar days after the conviction.

(3) The Recipient agrees that it will establish an ongoing drug-free awareness program to inform employees about

(a) The dangers of drug abuse in the workplace;

(b) Your policy of maintaining a drug-free workplace;

(c) Any available drug counseling, rehabilitation and employee assistance programs; and

(d) The penalties that you may impose upon them for drug abuse violations occurring in the workplace.

(4) Without the Agreement Officer's expressed written approval, the policy statement and program must be in place as soon as possible, no later than the 30 days after the effective date of this award, or the completion date of this award, whichever occurs first.

(5) The Recipient agrees to immediately notify the Agreement Officer if an employee is convicted of a drug violation in the workplace. The notification must be in writing, identify the employee's position title, the number of each award on which the employee worked. The notification must be sent to the Agreement Officer within ten calendar days after the Recipient learns of the conviction.

(6) Within 30 calendar days of learning about an employee's conviction, the Recipient must either

(a) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 USC 794), as amended, or

(b) Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.

(7) The policies and procedures applicable to violations of these requirements are set forth in 22 CFR Part 210.

3. SUPPORTING USAID'S DISABILITY POLICY IN CONTRACTS, GRANTS AND COOPERATIVE AGREEMENTS

USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004):

(a) The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website: <http://www.usaid.gov/about/disability/DISABPOL.FIN.html>.

(b) USAID therefore requires that the Recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the Recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

4. REVISED STANDARD PROVISIONS FOR NON-GOVERNMENTAL ORGANIZATIONS

APPLICABILITY OF 22 CFR PART 226 (MAY 2005)

(a) All provisions of 22 CFR 226 and all Standard Provisions attached to this agreement are applicable to the Recipient and to subrecipients which meet the definition of "Recipient" in Part 226, unless a section specifically excludes a subrecipient from coverage. The Recipient shall assure that subrecipients have copies of all the attached standard provisions.

(b) For any sub-awards made with Non-U.S. subrecipients, the Recipient shall include the applicable "Standard Provisions for Non-U.S. Non-Governmental Grantees." Recipients are required to ensure compliance with subrecipient monitoring procedures in accordance with OMB Circular A-133.

5. ANTI-TRAFFICKING ACTIVITIES -- LIMITATION ON THE USE OF FUNDS; RESTRICTION ON ORGANIZATIONS PROMOTING, SUPPORTING OR ADVOCATING PROSTITUTION:

ORGANIZATIONS ELIGIBLE FOR TIP ASSISTANCE (MAY 2007)

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. No funds made available under an agreement resulting from this Request for Application or Annual Program Statement for the purpose of monitoring or combating trafficking in persons may be used to promote, support or advocate the legalization or practice of prostitution. Nothing in the immediately preceding sentence shall be construed to preclude assistance designed to combat trafficking in persons, including programs for prevention, protection of

victims, and prosecution of traffickers, by ameliorating the suffering of, or health risks to, victims while they are being trafficked or after they are out of the situation that resulted from such victims being trafficked. U.S. and foreign organizations, Public International Organizations and collaboration agreement non-traditional partners, in each case, whether prime or sub-recipients, that receive U.S. Government funds to carry out programs that target victims of severe forms of trafficking, which means sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age, cannot promote, support or advocate the legalization or practice of prostitution. The preceding sentence shall not apply to such organizations or non-traditional partners that provide services to individuals solely after they are no longer engaged in activities that resulted from such victims being trafficked.

In accordance with the information-sharing requirements in Section 105(f)(4) of the 2003 TVPRA and subject to the review procedures of the Senior Policy Operating Group (SPOG) -- an inter-agency coordinating body statutorily established by the 2003 TVPRA -- before USAID makes any award for anti-trafficking programs or activities or makes an award with a significant anti-trafficking component, USAID is required, to the extent permitted by law, share information on its proposed action with the other primary grant-making SPOG member agencies (Department of State, USAID, Department of Justice, Department of Labor, Department of Health and Human Services, and Department of Homeland Security). Such information shared by the awarding SPOG member agency shall include (i) the name of the funding recipient (including subgrantees or sub-awardees); (ii) location of proposed project; (iii) proposed amount of the award; and (iv) a one or two sentence description of the project. SPOG member agencies shall have the opportunity to comment on (but not clear) any proposed antitrafficking award of USAID's with respect to (1) whether the proposed action will duplicate anti-trafficking activities of other member agencies; (2) whether the proposed action presents opportunities for partnership with anti-trafficking activities of other member agencies; or (3) whether the proposed action or award to a funding recipient is consistent with U.S. Government policies on combating trafficking in persons. This review and comment process may take twenty-seven business days or longer.

6. IMPLEMENTATION OF THE UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA ACT OF 2003 – ELIGIBILITY LIMITATION ON THE USE OF FUNDS AND OPPOSITION TO PROSTITUTION AND SEX TRAFFICKING

ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (ASSISTANCE) (JUNE 2005)

An organization that is otherwise eligible to receive funds under this agreement to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combatting HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

CONDOMS (ASSISTANCE) (JUNE 2005)

Information provided about the use of condoms as part of projects or activities that are funded under this agreement shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled, "USAID: HIV/STI Prevention

and Condoms. This fact sheet may be accessed at:

http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html”

PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (JUNE 2005)

(a) The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(b) Except as noted in the second sentence of this paragraph, as a condition of entering into this agreement or any subagreement, a non-governmental organization or public international organization recipient/subrecipient must have a policy explicitly opposing prostitution and sex trafficking. The following organizations are exempt from this paragraph: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(c) The following definition applies for purposes of this provision: Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

(d) The recipient shall insert this provision, which is a standard provision, in all subagreements.

(e) This provision includes express terms and conditions of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

7. MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (December 2005)

(a) Definitions

Commodities mean any material, article, supply, goods or equipment, excluding Recipient offices, vehicles, and non-deliverable items for Recipient’s internal use, in administration of the USAID funded grant, cooperative agreement, or other agreement or subagreement.

Principal Officer means the most senior officer in a USAID Operating Unit in the field, e.g., USAID Mission Director or USAID Representative. For global programs managed from Washington but executed across many countries, such as disaster relief and assistance to internally displaced persons, humanitarian emergencies or immediate post conflict and political crisis response, the cognizant Principal Officer may be an Office Director, for example, the Directors of USAID/W/Office of Foreign Disaster Assistance and Office of Transition Initiatives. For non-presence countries, the cognizant Principal Officer is the Senior USAID officer in a regional USAID Operating Unit responsible for the

non-presence country, or in the absence of such a responsible operating unit, the Principal U.S Diplomatic Officer in the non-presence country exercising delegated authority from USAID.

Programs mean an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by an organization to carry out the responsibilities assigned to it.

Projects include all the marginal costs of inputs (including the proposed investment) technically required to produce a discrete marketable output or a desired result (for example, services from a fully functional water/sewage treatment facility).

Public communications are documents and messages intended for distribution to audiences external to the Recipient's organization. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with USAID funded programs, projects or activities, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and so forth.

Subrecipient means any person or government (including cooperating country government) department, agency, establishment, or for profit or nonprofit organization that receives a USAID subaward, as defined in 22 C.F.R. 226.2.

Technical Assistance means the provision of funds, goods, services, or other foreign assistance, such as loan guarantees or food for work, to developing countries and other USAID Recipients, and through such Recipients to subrecipients, in direct support of a development objective – as opposed to the internal management of the foreign assistance program.

USAID Identity (Identity) means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is “from the American people.” The USAID Identity is available on the USAID website at www.usaid.gov/branding and USAID provides it without royalty, license, or other fee to Recipients of USAID-funded grants, or cooperative agreements, or other assistance awards

(b) Marking of Program Deliverables

(1) All Recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or subaward with the USAID Identity, of a size and prominence equivalent to or greater than the Recipient's, other donor's, or any other third party's identity or logo.

(2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques

early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.

(3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.

(4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, Recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the Recipient is encouraged otherwise to acknowledge USAID and the American people's support.

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

(6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government's identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.

(7) The Agreement Officer may require marking with the USAID Identity in the event that the Recipient does not choose to mark with its own identity or logo.

(8) The Agreement Officer may require a pre-production review of USAID-funded public communications and program materials for compliance with the approved Marking Plan.

(9) Subrecipients. To ensure that the marking requirements "flow down" to subrecipients of subawards, Recipients of USAID funded grants and cooperative agreements or other assistance awards will include the USAID-approved marking provision in any USAID funded subaward, as follows:

"As a condition of receipt of this subaward, marking with the USAID Identity of a size and prominence equivalent to or greater than the Recipient's, subrecipient's, other donor's or third party's is required. In the event the Recipient chooses not to require marking with its own identity or logo by the subrecipient, USAID may, at its discretion, require marking by the subrecipient with the USAID Identity."

(10) Any 'public communications', as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:

“This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert Recipient name] and do not necessarily reflect the views of USAID or the United States Government.”

(11) The Recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the Recipient will submit one electronic or one hard copy of all final documents to USAID’s Development Experience Clearinghouse.

(c) Implementation of marking requirements.

(1) When the grant or cooperative agreement contains an approved Marking Plan, the Recipient will implement the requirements of this provision following the approved Marking Plan.

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the Recipient will propose and submit a plan for implementing the requirements of this provision within 30 days after the effective date of this provision. The plan will include:

(i) A description of the program deliverables specified in paragraph (b) of this provision that the Recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) the type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

(3) The Recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

(i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;

(ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;

(iii) USAID marking requirements would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official;

- (iv) USAID marking requirements would impair the functionality of an item;
- (v) USAID marking requirements would incur substantial costs or be impractical;
- (vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;
- (vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements is provision.

(d) Waivers.

(1) The Recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country.

The Recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale for any use of Recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

(3) Approved waivers are not limited in duration but are subject to Principal Officer review at any time, due to changed circumstances.

(4) Approved waivers "flow down" to Recipients of subawards unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.

(5) Determinations regarding waiver requests are subject to appeal to the Principal Officer's cognizant Assistant Administrator. The Recipient may appeal by submitting a written request to reconsider the Principal Officer's waiver determination to the cognizant Assistant Administrator.

(e) Non-retroactivity. The requirements of this provision do not apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the grant does not extend past January 2, 2006.

8. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)

Requirements for Voluntary Sterilization Programs

None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

Prohibition on Abortion-Related Activities

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (MAY 2006)

APPLICABILITY: This provision is applicable to all awards involving any aspect of voluntary population planning activities.

a. Voluntary Participation and Family Planning Methods:

(1) The Recipient agrees to take any steps necessary to ensure that funds made available under this award will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the

Recipient agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this agreement, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

b. Requirements for Voluntary Family Planning Projects

(1) A Family planning project must comply with the requirements of this paragraph.

(2) A project is a discrete activity through which a governmental or nongovernmental organization or public international organization provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

(6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

(7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.

(8) With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no subaward or contract under this award, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.

(9)

(i) The Recipient shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph;

(ii) the Recipient shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

(iii) The Recipient shall provide USAID such additional information about violations as USAID may request.

c. Additional Requirements for Voluntary Sterilization Programs

(1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(2) The Recipient shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this award are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

(3) Further, the Recipient shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification by the attending physician or by the

authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient.

(4) The Recipient must retain copies of informed consent forms and certification documents for each voluntary sterilization procedure for a period of three years after performance of the sterilization procedure.

d. Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

e. Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning.

I. Grants and Cooperative Agreements with U.S. Nongovernmental Organizations

(1) The Recipient agrees that it will not furnish assistance for family planning under this award to any foreign nongovernmental organization that performs or actively promotes abortion as a method of family planning in USAID-Recipient countries or that provides financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

(2) Prior to furnishing funds provided under this award to another nongovernmental organization organized under the laws of any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, the Recipient shall obtain the written agreement of such organization that the organization shall not furnish assistance for family planning under this award to any foreign nongovernmental organization except under the

conditions and requirements that are applicable to the Recipient as set forth in this paragraph (e).

(3) The Recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the subrecipient) unless:

(i) The subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-Recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and

(ii) The Recipient obtains the written agreement of the subrecipient containing the undertakings described in subparagraph (4) below.

(4) Prior to furnishing assistance for family planning under this award to a subrecipient, the subrecipient must agree in writing that:

(i) The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-Recipient countries or provide financial support to other foreign nongovernmental organizations that conduct such activities;

(ii) The Recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one;

(iii) In the event that the Recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the Recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the Recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also review the family planning program of the subrecipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request;

(iv) The subrecipient shall refund to the Recipient the entire amount of assistance for family planning furnished to the subrecipient under this award in the event it is determined that the certification provided by the subrecipient under subparagraph (3), above, is false;

(v) Assistance for family planning provided to the subrecipient under this award shall be terminated if the subrecipient violates any undertaking in the agreement required by

subparagraphs (3) and (4), and the subrecipient shall refund to the Recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning; and

(vi) The subrecipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the subsubrecipient) only if: (A) the sub-subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-Recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the subrecipient obtains the written agreement of the sub-subrecipient that contains the same undertakings and obligations to the subrecipient as those provided by the subrecipient to the Recipient as described in subparagraphs (4)(i)-(v) above.

(5) Agreements with subrecipients and sub-subrecipients required under subparagraphs (3) and (4) shall contain the definitions set forth in subparagraph (10) of this paragraph (e).

(6) The Recipient shall be liable to USAID for a refund for a violation of any requirement of this paragraph (e) only if: (i) the Recipient knowingly furnishes assistance for family planning to a subrecipient who performs or actively promotes abortion as a method of family planning; or (ii) the certification provided by a subrecipient is false and the Recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient; or (iii) the Recipient knows or has reason to know, by virtue of the monitoring which the Recipient is required to perform under the terms of this award, that a subrecipient has violated any of the undertakings required under subparagraph (4) and the Recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate assistance to a sub-subrecipient that violates any undertaking of the agreement required under subparagraph 4(vi), above. If the Recipient finds, in exercising its monitoring responsibility under this award, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (10)(iii)(A)(II), below, the Recipient shall verify that this information is being provided properly in accordance with subparagraph (10)(iii)(A)(II) and shall describe to USAID the reasons for reaching its conclusion.

(7) In submitting a request to USAID for approval of a Recipient's decision to furnish assistance for family planning to a subrecipient, the Recipient shall include a description of the efforts made by the Recipient to verify the validity of the certification provided by the subrecipient. USAID may request the Recipient to make additional efforts to verify the validity of the certification. USAID will inform the Recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (6) above, the Recipient shall not be liable to USAID for a refund in the event the subrecipient's certification is false unless the Recipient knew the certification to be false or misrepresented to USAID the efforts made by the Recipient to verify the validity of the certification.

(8) It is understood that USAID may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(9) A subrecipient must provide the certification required under subparagraph (3) and a sub-subrecipient must provide the certification required under subparagraph (4)(vi) each time a new agreement is executed with the subrecipient or sub-subrecipient in furnishing assistance for family planning under the award.

(10) The following definitions apply for purposes of this paragraph (e):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, postabortion care.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public information campaign in USAID-Recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest, or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(C) Action by an individual acting in the individual's capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that the individual is acting on behalf of the organization.

(iv) To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the Recipient, subrecipient or sub-subrecipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(11) In determining whether a foreign nongovernmental organization is eligible to be a subrecipient or sub-subrecipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the subrecipient or sub-subrecipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The Recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, that would not be considered separate under the preceding sentence, if the Recipient believes, and provides a written justification to USAID therefore, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one to the other.

(12) Assistance for family planning may be furnished under this award by a Recipient, subrecipient or sub-subrecipient to a foreign government event though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(13) The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

II. Grants and Cooperative Agreements with Non-U.S., Nongovernmental Organizations

(1) The Recipient certifies that it does not now and will not during the term of this award perform or actively promote abortion as a method of family planning in USAID-Recipient countries or provide financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

(2) The Recipient agrees that the authorized representative of USAID may, at any reasonable time: (i) inspect the documents and materials maintained or prepared by the Recipient in the usual course of its operations that describe the family planning activities of the Recipient, including reports, brochures and service statistics; (ii) observe the family planning activity conducted by the Recipient, (iii) consult with the family planning personnel of the Recipient; and (iv) obtain a copy of the audited financial statement or report of the Recipient, if there is one.

(3) In the event USAID has reasonable cause to believe that the Recipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the Recipient shall make available to USAID such books and records and other information as USAID may reasonably request in order to determine whether a violation of the undertaking has occurred.

(4) The Recipient shall refund to USAID the entire amount of assistance for family planning furnished under this award in the event it is determined that the certification provided by the Recipient under subparagraph (1), above, is false.

(5) Assistance for family planning to the Recipient under this award shall be terminated if the Recipient violates any undertaking required by this paragraph (e), and the Recipient shall refund to USAID the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning.

(6) The Recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the subrecipient) unless: (i) the subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-Recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (ii) the Recipient obtains the

written agreement of the subrecipient containing the undertakings described in subparagraph (7), below.

(7) Prior to furnishing assistance for family planning under this award to a subrecipient, the subrecipient must agree in writing that:

(i) The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-Recipient countries or provide financial support to other nongovernmental organizations that conduct such activities.

(ii) The Recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one.

(iii) In the event the Recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the Recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the Recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also review the family planning program of the subrecipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request.

(iv) The subrecipient shall refund to the Recipient the entire amount of assistance for family planning furnished to the subrecipient under this award in the event it is determined that the certification provided by the subrecipient under subparagraph (6), above, is false.

(v) Assistance for family planning to the subrecipient under this award shall be terminated if the subrecipient violates any undertaking required by this paragraph (e), and the subrecipient shall refund to the Recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning.

(vi) The subrecipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the subsubrecipient) only if: (A) the subsubrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-Recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the subrecipient obtains the written agreement of the sub-subrecipient that contains the same undertakings and obligations to the subrecipient as those provided by the subrecipient to the Recipient as described in subparagraphs (7)(i)-(v), above.

(8) Agreements with subrecipients and sub-subrecipients required under subparagraphs (6) and (7) shall contain the definitions set forth in subparagraph (13) of this paragraph (e).

(9) The Recipient shall be liable to USAID for a refund for a violation by a subrecipient relating to its certification required under subparagraph (6) or by a subrecipient or a sub-subrecipient relating to its undertakings in the agreement required under subparagraphs (6) and (7) only if: (i) the Recipient knowingly furnishes assistance for family planning to a subrecipient that performs or actively promotes abortion as a method of family planning; or (ii) the certification provided by a subrecipient is false and the Recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient; or (iii) the Recipient knows or has reason to know, by virtue of the monitoring that the Recipient is required to perform under the terms of this award, that a subrecipient has violated any of the undertakings required under subparagraph (7) and the Recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate assistance to a sub-subrecipient that violates any undertaking of the agreement required under subparagraph 7(vi), above. If the Recipient finds, in exercising its monitoring responsibility under this award, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (13)(iii)(A)(II), below, the Recipient shall verify that this information is being provided properly in accordance with subparagraph 13(iii)(A)(II) and shall describe to USAID the reasons for reaching its conclusion.

(10) In submitting a request to USAID for approval of a Recipient's decision to furnish assistance for family planning to a subrecipient, the Recipient shall include a description of the efforts made by the Recipient to verify the validity of the certification provided by the subrecipient. USAID may request the Recipient to make additional efforts to verify the validity of the certification. USAID will inform the Recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (9) above, the Recipient shall not be liable to USAID for a refund in the event the subrecipient's certification is false unless the Recipient knew the certification to be false or misrepresented to USAID the efforts made by the Recipient to verify the validity of the certification.

(11) It is understood that USAID may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(12) A subrecipient must provide the certification required under subparagraph (6) and a sub-subrecipient must provide the certification required under subparagraph (7)(vi) each time a new agreement is executed with the subrecipient or sub-subrecipient in furnishing assistance for family planning under this award.

(13) The following definitions apply for purposes of paragraph (e):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother but does not include abortions performed if the life of the mother would be

endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public information campaign in USAID-Recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(C) Action by an individual acting in the individual's own capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes

reasonable steps to ensure that the individual does not improperly represent the individual is acting on behalf of the organization.

(iv) To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the Recipient, subrecipient or sub-subrecipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(14) In determining whether a foreign nongovernmental organization is eligible to be a Recipient, subrecipient or sub-subrecipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the Recipient, subrecipient or subsubrecipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The Recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, which would not be considered separate under the preceding sentence, if the Recipient believes, and provides a written justification to USAID therefore, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one of the other.

(15) Assistance for family planning may be furnished under this award by a Recipient, subrecipient or sub-subrecipient to a foreign government even though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(16) The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

III. Exceptions

The paragraphs set forth in sections (I) and (II) above are not applicable in the situations described below:

(1) While the paragraphs are to be used in grants and cooperative agreements (and assistance subagreements) that provide financing for family planning activity or activities, if family planning is a component of an activity involving assistance or other purposes, such as food and nutrition, health for education, paragraph (e), ``Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning," applies only to the family planning component.

(2) When health or child survival funds are used to provide assistance for child spacing as well as health purposes, these paragraphs are applicable to such assistance unless: (a) the foreign nongovernmental organization is one that primarily provides health services; (b) the objective of the assistance is to finance integrated health care services to mothers and children; and (c) child spacing is one of several health care services being provided as part of a larger child survival effort with the objective of reducing infant and child mortality. These paragraphs need not be included in the assistance agreement if it indicates that assistance for child spacing will be provided only in this way. USAID support under these circumstances is considered a contribution to a health service delivery program and not to a family planning program. In such a case, these paragraphs need not be included in an assistance agreement.

(3) These paragraphs need not be included in assistance agreements with United States nongovernmental organizations for family planning purposes if implementation of the activity does not involve assistance to foreign nongovernmental organizations.

f. The Recipient shall insert paragraphs (a), (b), (c), (d), and (f) of this provision in all subsequent subagreements and contracts involving family planning or population activities that will be supported in whole or in part from funds under this award. Paragraph (e) shall be inserted in subagreements and sub-subagreements in accordance with the terms of paragraph (e). The term subagreement means subgrants and subcooperative agreements.

[END OF SECTION E]

SECTION F – ANNEXES AND APPENDICES

Attachment - 1

STANDARD FORMAT FOR ANNUAL WORKPLANS

The purpose of Annual Workplan is to ensure that USAID programs are managed for results. At the initiation of each program, there should be a clearly identified results framework. This framework will include the relevant USAID Strategic Objective (SO), Program Components (PC), Intermediate Results (IR), Performance Indicators, Activities, and Annual Performance Targets that the program will be managed, monitored and reported against. The Annual Workplan process will allow the implementing partner and USAID to review and adjust, if need be, the Activities and Annual Performance Targets so that the program achieves the stated results. Overall, the Annual Workplan should be a practical document that assists both the implementing partner and USAID in managing the implementation of the program. The Annual Workplan, Performance Monitoring Plan and Quarterly Program Reports will follow the results framework in structure, thus ensuring consistency across each document.

ANNUAL WORKPLAN

The Annual Workplan should contain:

- I. **Cover Letter** – The cover letter should be approximately one or two pages. For new programs submitting the first Annual Workplan this cover letter should present the expected results for the first year of the program. For subsequent Annual Workplans (year 2, 3, etc.) a brief background paragraph of the past years' expected results should be provided, followed by 2-3 paragraphs summarizing whether the results were achieved during the previous year. In writing the cover letter, it should be understood that the USAID CTO is fully cognizant of the core documents for the program, e.g. Scope of Work, original proposal, contract/cooperative agreement/grant document, and quarterly reports. There is no need to present the core documents again in the workplan. Therefore, the workplan is primarily a management tool that follows the results framework and establishes the sequence of activities planned to accomplish the stated Annual Performance Targets that in turn will produce the stated results.
- II. **Matrix of Activities** – The majority of the Annual Workplan document should be the matrix of activities. **See Attached Format.** The matrix should provide “Annual Performance Targets” that are expected to be achieved during the period covered by the annual workplan. These targets will be directly linked to the stated Performance Indicators (e.g. % of accomplishment of an indicator).
- III. **Narrative Annex** – The narrative part of the workplan should supplement the matrix and only provide clarification to the information presented that deviates from previously

submitted core documents. It should be short and concise using bullet format as much as possible. The narrative annex should consist of two sections for each Intermediate Result mentioned in the workplan:

- A) Description of Activities. If the IR or Activity has been included in the core document, or if the stated activity is descriptive enough, it does not require a narrative description. If new activities are added, a description is required. If a previously implemented activity is canceled, an explanation should be provided.
- B) Assumptions and Risks. This should include the assumptions made in developing a new activity and the possible risks (outside the control of the implementer) that the activity will not be able to achieve the stated result.

The narrative should also provide a statement of how program activities will be in compliance with USAID's environmental procedures (codified in 22 CFR 216) and grant agreement provisions such as Congressional restrictions on working with the government.

ANNUAL WORKPLAN MATRIX FORMAT

STRATEGIC OBJECTIVE: (From USAID Cambodia Strategic Statement)

PROGRAM COMPONENT: (From USAID Cambodia Strategic Statement)

INTER-MEDIATE RESULTS	PERFORMANCE INDICATORS	ANNUAL PERFORMANCE TARGET	ACTIVITIES	J a n	F e b	M a r	A p r	M a y	J u n e	J u l y	A u g	S e p	O c t	N o v	D e c

SAMPLE WORKPLAN MATRIX

STRATEGIC OBJECTIVE: SO12 - Improved Political and Economic Governance

PROGRAM COMPONENT #1: Promote and Support Anti-Corruption Reforms

INTER-MEDIATE RESULTS	PERFORMANCE INDICATORS	ANNUAL PERFORMANCE TARGET	ACTIVITIES	J a n	F e b	M a r	A p r	M a y	J u n	J u l	A u g	S e p	O c t	N o v	D e c
#1: Core Stakeholders' Working Group (SWG) develops strong horizontal and vertical linkages to other constituency groups	1. SWG is implementing a written strategic plan	Strategic Plan Developed	1.1a. Interview potential SWG members to assess willingness and commitment to collaborative efforts	X	X										
			1.1b Facilitate first SWG meeting; support SWG in conducting stakeholders' analysis			X									
			1.1c Build OD capacity and strengthening of SWG group cohesion			X		X		X		X		X	
			1.1d Assist SWG in developing a strategic plan including implementation Action Plan						X	X					
	2. SWG emerges as neutral source of fact based data on the state of corruption and applies data to support strategic advocacy, social marketing and media efforts designed to fight corruption	Priority List of Research Needs Developed	1.2a Assist SWG in determining research needs and obtaining outside expertise to conduct research			X		X		X		X			X
			1.2b SWG commissions baseline study				X								
		Baseline Survey Completed and Data used for Annual TI Index	1.2c SWG commissions survey to establish Cambodia as a participant in TI Annual Corruption Index												

APPENDIX A LOGICAL FRAMEWORK

Hierarchy of Aims	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
OBJECTIVES	1. Reduce maternal mortality from 472 per 100,000 live births to 354 by 2015 2. Reduced under five mortality from 83/1,000 live births in 2005 to 65 in 2015 3. Reduce HIV Prevalence among 20 -24 year olds in the general population from 0.6% to 0.5% by 2015 4. Reduce Prevalence of TB from 269/100,00 to 215 by 2015	1. Cambodia DHS 2015 2. “ “ 3. “ “ 4. CENAT/JICA TB Prevalence Surveys	
OUTPUTS Increased coverage and quality of family planning/reproductive health, maternal, newborn, child health, HIV and TB services	1. % married women using a modern method of FP 2. % ANC clients tested for HIV and received results 3. % men & women of reproductive age tested for HIV 4. % HIV+ women using a modern form of FP 5. Number of known HIV+ pregnant women who received ARV prophylaxis 6. % males 20 – 24 year old reporting high risk sex 7. % sexually active unmarried males 20-24 years reporting condom use with last partner 8. % deliveries preceded by ≥ 4 ANC visits 9. % births attended by a trained provider 10. % children aged 0-5 months exclusively breastfed 11. % births received PNC/newborn care within 24 hours 12. % births with BF initiated within 1 hour of delivery 13. % children with diarrhea treated with ORT and zinc	Cambodia DHS 2010, 2015 “ “ “ “ “ “ HIS Cambodia DHS 2010, 2015 “ “ “ “ “ “ “ “ “ “ “ “	Continued socio-economic development Continued increases in education, especially female education Improvements in physical infrastructure (roads) Continued investments by government and donors in prevention of HIV transmission among high risk groups Government and donor support to the health sector is maintained at current levels or increased

Hierarchy of Aims	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
	14. % children aged 12-23 years fully immunized 15. TB Case Detection Rate 16. % of children who received Vitamin A	“ “ HIS/CENAT	
Result 1: Expanded access to PMTCT services	<i>Note: result-level indicators are illustrative and Applicants may propose alternatives</i> % HCs/RHs which provide VCCT % HCs/RHs which provide ARV to HIV+ pregnant women	NCHADs program data; distribution list for test kits and ARVs	NCHADs willing to expand services to primary care level
Result 2: Functional integration of VCCT with ANC, FP and TB services at service delivery level	Number of pregnant women received HIV counselling and testing as a percent of total ANC clients (nationwide) Percent of all registered TB Patients with unknown HIV status tested for HIV	HIS Facility Reports	Barriers to cooperation and coordination across national program lines can be overcome with external facilitation
Result 3: Increased use of modern contraception	NMCHC develops (1) strategy to address documented causes of low FP use and combat rising use of traditional methods; (2) country-specific protocols for the management of contraceptive side effects developed	Strategy and implementation guidelines MoH-approved protocol	Availability of government counterparts
Result 4: Increased provision of FP/RH services by NGO clinics	Annual number of clinic visits by type of service received (FP, STI, ANC, PAC, EC etc) (break-down by gender)	Clinic records	Continued socio-economic development Continued population shifts towards urban areas
Result 5: Increased provision of VCCT by NGO clinics	Annual number of persons received VCCT (break-down by gender)	Clinic Records	Continued socio-economic development Continued population shifts towards urban areas
Result 6: Increased number of youth receive comprehensive pre-marital screening and counseling	Annual number of persons served by pre-marital program	Clinic Records	Continued socio-economic development Continued population shifts towards urban areas

Result 7: “Youth-friendly” FP/RH services reach increased youth through NGO clinics	Annual number of youth receiving FP/RH information, counseling or services (break-down by gender)	Clinic Records	“ “
Result 8: Contraceptives available and affordable at community level	Annual sales by community-based agents of: <ul style="list-style-type: none"> • Combined Oral Contraceptives • Progestin-only Oral Contraceptives • Condoms 	Sales Records	Effective protocols for side effect management developed National strategy to combat rumors and false beliefs implemented
Result 9: Increased youth awareness in the target provinces of the risks of HIV/STI and the “abc”s of prevention	Correlation between exposure to program BCC and knowledge of HIV/STI prevention	Program monitoring “mini-surveys”	Cultural barriers can be overcome with external facilitation
Result 10: Youth awareness of risks of early pregnancy, advantages of FP, and knowledge of specific methods of contraception in target provinces	Correlation between exposure to program BCC and knowledge/attitudes regarding FP	Program monitoring “mini-surveys”	Cultural barriers can be overcome with external facilitation
Result 11: Favorable attitudes with respect to gender equity among youth in target provinces	Correlation between exposure to program BCC and attitudes related to gender equity	Program monitoring “mini-surveys”	Cultural barriers can be overcome with external facilitation
Result 12: Increased awareness by migrant workers in the target provinces of HIV/STI risks and “abc”s of prevention	Correlation between exposure to program BCC and knowledge of HIV/STI prevention	Program monitoring “mini-surveys”	Cultural barriers can be overcome with external facilitation
Result 13: Increases awareness and utilization of VCCT services by migrant workers in focus provinces	Correlation between exposure to program BCC and receipt of VCCT	Program monitoring “mini-surveys”	Cultural barriers can be overcome with external facilitation
Result 14: Increased utilization of modern FP among migrant workers in	Correlation between exposure to program BCC and use of FP	Program monitoring “mini-surveys”	Effective protocols for side effect management developed

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focus provinces			National strategy to combat rumors and false beliefs implemented
Result 15: Migrant workers in target provinces aware of relevant laws (domestic violence etc) and hold favorable attitudes with respect to gender equity	Correlation between exposure to program BCC and attitudes related to gender equity	Program monitoring “mini-surveys”	Cultural barriers can be overcome with external facilitation
RESULT 16: VHSGs in focus provinces consistently deliver specified “package” of services	Percent of villages in focus area where VHSGs have been trained in C-IMCI Percent of villages with village- HC referral system in place Coverage of key VHSG supported interventions (e.g. Vitamin A, EPI)	Program data	VHSG motivation and capacity to learn Willingness of communities to mobilize in their common interest
RESULT 17: VHSGs institutionalized under local government in focus provinces	Percent of Commune Councils providing resources to VHSGs	Commune Council budgets	Commune Councils receive funds the social sector and are willing to utilize part of it for this purpose

RESULT 18: Effective systems to ensure client rights developed in focus provinces	Number of health care client complaints received and resolved	Report of investigation	Culture of fear and threat of reprisal can be overcome with help of third party actors/advocates
RESULT 19: OD managers able to negotiate HSAs with PHD and set facility-specific targets in focus provinces	Percentage of target ODs signed HSA with PHD and developed performance based contracts with all health facilities	Program reports	Timely and transparent flow of budget resources under HSSP2 HSSP2 resources are additional to and do not displace government operating budget
RESULT 20: OD performance is externally verified in focus provinces	Percent of ODs with performance contracts which have external monitoring in place	Reports from monitoring	MoH acceptance of external monitoring
RESULT 21: OD managers in focus provinces effectively utilize HSSP2 funds to increase service coverage	Percent of ODs with HSAs which meet their targets Per capita outpatient consultation rate Coverage of child survival scorecard interventions if they are included in HSA targets	Program reports HIS	Timely and transparent flow of budget resources under HSSP2 HSSP2 resources are additional to and do not displace government operating budget
RESULT 22: OD managers monitor <i>quality</i> of services	Number of health facility QA assessments done using MoH-approved tools in focus provinces	Completed QA tools	Adequate human resources (number, capacity) at OD level
RESULT 23: ODs conduct meaningful, integrated supportive supervision	Percent of HCs received at least 4 supervisory visits in past 6 months with MoH ISC completed in full	Completed ISC	Adequate human resources (number, capacity) at OD level
RESULT 24: OD managers review, approve, finance and monitor facility operating budgets	% of Approved facility budgets received in focus provinces	Facility and OD finance records	Timely and transparent flow of budget resources under HSSP2 HSSP2 funds supplement and not displace government operating budget

RESULT 25: VHSGs monitor TB treatment and conduct active case-finding	Estimated TB case detection rate in focus provinces	Provincial TB Program	Continued support (drugs, funding) from National TB Program
RESULT 26: Increased knowledge and awareness of the risks of HIV/STI and “abcs” of prevention among the general population in focus province	Number of village events held to increase awareness of HIV/STI prevention in focus provinces	Program reports	Villagers, especially youth, will internalize the information presented
RESULT 27: Increased financial sustainability of NGO clinics	User fee revenue (including any third party payments/subsidies) as a percentage of total operating costs for all clinics open 2 years or more	Clinic financial records	Continued socio-economic development Continued population shifts towards urban areas
RESULT 28: Increased financial sustainability of community-based sales of contraceptives	Sales revenues as a percentage of total cost of the community-based sales program	Program financial records	Continued socio-economic development Consumers willing to pay slightly more for convenience
RESULT XX: Increased awareness and use of child survival practices by mothers with small children	Correlation between exposure to program BCC and knowledge/practices of key child survival practices (e.g. infant feeding, disease management, Vitamin A, EPI)	Program monitoring “mini-surveys”	Cultural barriers can be overcome with external facilitation